

Diagrama Healthcare Services Limited

# Diagrama Healthcare Service

## Inspection report

2 Healy Drive  
Orpington  
Kent  
BR6 9LB

Website: [www.diagramafoundation.org](http://www.diagramafoundation.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

This unannounced inspection took place on 08 February 2017. This was the first inspection of this home which was registered with the Care Quality Commission in April 2016.

Diagrama Health care Service provides accommodation and personal care and support for up to seven adults who have a range of needs including learning disabilities. At the time of our inspection there were four people living at the home. It is one of three homes in the same road owned by the provider that share some aspects of care, support and organisation.

There was 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. The registered manager was registered to manage the three homes for the provider.

People were not always able to communicate their views to us at the home so we also observed aspects of the care and support provided. People and their relatives told us they felt safe from harm and well cared for by the service. Staff had received training on safeguarding adults, so they knew the signs of possible abuse. There were suitable arrangements to deal with a range of emergencies if needed. Possible risks to people were identified and guidance was in place to reduce risk. People received their medicines when they should and staff had received training on the safe administration of medicines.

People and their relatives said staff were caring and kind, and, we observed this to be the case. People were treated with respect and dignity and were involved in decisions about their care. People were asked for their consent before care was provided and staff were aware of their responsibilities under the Mental Capacity Act (2005). There were enough staff to meet people's needs and the provider followed safe recruitment policies. Staff received suitable training and support to carry out their roles.

People's dietary needs were met and their independence was encouraged where this was appropriate and where they needed support this was provided. The service worked with health professionals, when necessary; to ensure people's changing health needs were addressed.

People had an assessed and written plan of care which reflected their needs and a pictorial support plan to enable them to understand the plan for their care more effectively. People were provided with a range of suitable activities to encourage social inclusion and develop life skills.

There were systems to monitor the quality of the service and identify any area for action. Staff felt well supported in their roles. People, their relatives and professionals were asked for their views and the home considered any improvements that could be made.

## 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 and their relatives told us they felt safe using the service. Staff received appropriate training about safeguarding people from abuse and knew how to raise an alert.

There were systems in place to safely manage the administration of medicines.

There were adequate numbers of staff employed and safe recruitment processes were in place.

Risks to people who used the service were identified and addressed to minimise the likelihood of them occurring. Procedures were in place to deal with any emergencies should they arise.

### Is the service effective?

Good ●

The service was effective.

We observed people's consent was sought before they received care. Staff understood the requirements of the Mental Capacity Act (2005) Code of Practice and acted in line with this.

Care workers received appropriate training to meet people's needs. There was a suitable induction for new staff to help them learn about their roles.

People were supported with their nutritional needs. People's health needs were monitored and they were referred to relevant health professionals and supported at appointments, when this was appropriate.

### Is the service caring?

Good ●

The service was caring.

People told us the care workers were kind, and helpful. We observed them to be relaxed in staff presence.

People and their relatives said that they were involved in planning for their care, and their preferences and wishes were respected.

**Is the service responsive?**

**Good** ●

The service was responsive.

People had a plan of their care and support that addressed their individual needs. People's needs for stimulation and social interaction were recognised and addressed.

People and their relatives told us they felt their views were listened to and issues were addressed. They knew how to make a complaint if they needed to do so.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an effective communication system to ensure staff were aware of any changes. Staff told us the service was well organised and that they felt supported.

There were systems to monitor the quality of the service and make improvements.

People and their relatives views were sought and considered for areas of improvement.

# Diagrama Healthcare 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.

This inspection took place on 08 February 2017 and was unannounced. The inspection team consisted of one inspector. Before the inspection we looked at the information we held about the service including any notifications they had sent us. A notification is information about important events that the provider is required to send us by law. 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 any improvements they plan to make. We also asked the local authority commissioners for the service and the safeguarding team for their views of the home.

At the inspection we spoke with the four people at the home. We observed staff and people interacting and tracked that the care provided met their needs, as they were not always able to discuss their views with us about all aspects of their care. We spoke with two care workers, two care coordinators and the registered manager. We observed a staff handover meeting. We looked at two care records of people who used the service and four staff recruitment and training records. We also looked at records related to the management of the service such as fire and maintenance checks and audits. After the inspection we spoke with four relatives by phone to gain their views about the service. We also asked two health and social care professionals for their views about the service.

# Is the service safe?

## Our findings

People told us they felt safe living in the home and that they found staff were supportive and kind. One person said, "I'm safe, staff are good." Relatives told us they felt their family members were safe at the home. One relative told us, "They are safe there, the staff are caring."

There were policies and procedures in place for safeguarding people from abuse. Staff received training to ensure they were knowledgeable about how to respond to concerns and report them appropriately. Staff were also aware of the provider's whistle blowing policy. The registered manager knew how to raise a safeguarding alert if this was needed. Where required, the registered manager had submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

Staff told us staffing levels were appropriate to meet people's needs. One member of staff said, "There are enough of us here to make sure people are safe and looked after." People were not able to discuss their views about this aspect of their care. Our observations during our inspection confirmed there were sufficient numbers of staff to meet people's care and support needs. We saw people were supported to take part in activities and to enjoy their daily routine with the support of staff without waiting unduly to go out or have their meals or be supported with personal care. The registered manager told us they reviewed staffing levels to ensure they had enough staff and could be flexible to respond to any changes of need for example putting a waking member of staff on duty if this was required.

Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm each staff member's identity, references and history of experience and/or professional qualifications. Agency profiles were requested for agency staff who occasionally worked at the service. The registered manager told us they used the same agency staff, usually to cover staff holidays or sickness if needed, to ensure as much consistency as possible.

People were supported to take their medicines as prescribed by health professionals. Staff received medicines training and had their competencies to handle medicines checked regularly. Protocols for as required medicines were being put in place at the time of the inspection to help guide unfamiliar staff about the use and frequency of the medicines should the need arise. We checked the Medicine Administration Records (MAR) and these were up to date and corresponded with the medicines administered. People had detailed records for their medicines these included, an identity photograph, and details of any allergies or possible side effects of medicines for care workers to be aware of. Medicines were stored safely and securely. The provider had guidance for care workers about procedures for medicine errors should they arise. Monthly medicines audits were completed to check for any issues with administration.

Possible risks to people were identified, assessed and monitored and guidance provided to staff to reduce these risks. A full assessment was carried out before someone came to live at the service. This identified any possible risks to people and a written plan provided for staff to reduce the likelihood of these risks occurring.

For example, there were risk assessments in relation to travel as well as risks within the service such as from the use of equipment or in relation to people's own health needs.

Accidents or incidents were monitored to reduce possible risks. Any accidents and incidents were recorded and the records included what action care workers had taken to respond and minimise future risks. These were analysed for any learning by the registered manager.

Risks in relation to emergencies were assessed and planned for. Staff knew what to do in response to a medical emergency and they were first aid trained so they could respond effectively. There were arrangements to respond to a fire and manage any evacuation as safely as possible. Staff carried out monthly fire drills with people to help remind them what to do in the event of a fire and there was pictorial guidance in people's support plans to remind them. People had health passports so that their health needs and communication methods were clearly recorded for health professionals when they went to hospital to ensure relevant information was available to reduce any possible risks. There was a business contingency plan for emergencies which included contact numbers for emergency services and gave advice for care workers about what to do in a range of possible emergency situations.

There were regular internal checks and routine maintenance from external services for example in relation to fire equipment, legionella, water temperatures and gas and electrical equipment to ensure that the premises and equipment remained safe and useable for people.

## Is the service effective?

### Our findings

People we spoke with did not express a view about staff training. A relative told us, "Staff seem very on the ball here." Staff told us they received a range of training and this was refreshed at regular intervals. One staff member explained, "We get plenty of training and we get sent reminders to go." Staff training records showed that staff had completed training in areas which the provider considered to be mandatory including moving and handling, medicines, fire awareness, first aid, safeguarding of vulnerable adults and health and safety. Support for behaviour that requires a response was provided by relevant health professionals who the registered manager told us would provide helpful strategies for staff to reduce problems if needed. Where people may use different communication aids staff were supported to understand them. One of the staff was a Makaton champion which involved supporting other staff with basic understanding of Makaton. (Makaton is a language programme using signs and symbols to help people to communicate.)

New staff were required to complete an induction in line with the Care Certificate. This is a recognised programme of training for staff new to health and social care. The induction process included training, reading the service's policies and procedures, and shadowing of more experienced colleagues. Staff told us they received regular supervision, both formally and informally, on a day to day basis as they worked closely together. Records confirmed that supervision and annual appraisals were conducted to support people in their roles.

People told us that there was enough food and drinks and they enjoyed the food at the home. One person told us, "The meals are good." Staff were aware of people's meal preferences and any dietary needs. People were weighed to monitor for concerns about weight loss or gain. They told us if a person's weight fluctuated significantly, they would be referred to a dietician or GP when needed. Staff also said they encouraged people to make healthy choices and involved them in the menu planning. Staff told us that a focus on health eating was planned for March and we saw that staff were resourcing suitable menu options.

Where this was appropriate people were encouraged to help with the preparation of meals. We saw that the menus displayed were written and not pictorial. We discussed this with the registered manager; they sent us some pictorial menus following the inspection and told us these were now in use so that it was easier for people to understand what the food choices were.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

Staff understood the need to obtain consent before they provided care. They told us that they had received training on the MCA which provides protection for people who do not have capacity to make decisions for themselves. They said most people living at the service had the capacity to make some day to day decisions and our observations confirmed this. One staff member told us, "If people can't express a decision we offer them a choice and look for signs of what they would prefer." Staff understood the importance of checking people's ability for each separate decision and to involve relatives and professionals as necessary in making best interests decisions about specific issues.

Applications for Deprivation of Liberty (DoLS) authorisations for people's own safety and protection had been made appropriately and they were monitored to ensure any conditions were met and when a renewal application might be made, if required, before any authorisation expired. The registered manager demonstrated knowledge about her role in relation to MCA and DoLS.

People had access to a range of healthcare services when required to support them maintain good health. People also had a pictorial hospital passport which outlined their health and communication needs and preferences for hospital staff to help them understand people's needs better. Relatives told us staff were prompt to respond to any health concerns and update them about changing health needs. One relative told us "Staff attend the GP appointments so they can discuss any issues with the GP and understand the advice given." Records of health care appointments and visits were kept in people's files and explained the reason for the appointment and details of any treatment required and advice given. This gave staff a clear understanding of people's current health issues and treatment.

# Is the service caring?

## Our findings

People told us they thought staff were "kind" "nice" and "friendly". Relatives told us they thought staff were caring. One relative commented, "The staff do care, they seem interested in really getting to know [my family member]." Another relative remarked, "There is a very caring atmosphere. I've seen staff use lots of encouragement and thought with the people they care for." Each person had a key worker with whom they could develop a closer relationship and sense of trust. Their key worker was also responsible for ensuring people's needs were met and that they had suitable clothing and toiletries.

We found a calm and relaxed atmosphere during the inspection; people were content, clean, and looked cared for. Staff interactions were calm and they responded promptly to any signs that people needed assistance. They were aware of people's personalities, routines and preferences, and could explain people's diverse needs to us. People were at ease in staff presence and approached them readily for support or to enjoy a conversation.

There was information about people's personal life histories to help new staff understand people's backgrounds. This included information about any people's disabilities, race, sexual orientation, religion and gender so that support plans could address their needs appropriately. For example people's spiritual needs could be met through attendance at local services. The home had policies to guide staff in relation to supporting people's rights to live a lifestyle of their choosing

People told us they were treated with respect and dignity. One person said, "Staff are polite." We observed staff speaking respectfully to people, using their preferred name. They showed an understanding of the importance of confidentiality and discretion about people's information and their personal care. Staff gave us examples of how they respected people's dignity by making sure doors were closed and people were covered during personal care.

People and staff told us they had recently held dignity day to which relatives were invited and they showed us the dignity trees they had designed with messages about how their dignity was maintained.

People told us their independence was encouraged and we saw support plans detailed aspects of care people could manage for themselves. People were encouraged to attend college or training opportunities where these were available to help them develop skills. Other life skills were encouraged through some home based activities such as cooking.

People told us they were involved in their care. They were consulted about their daily routines and how they wished to spend their free time. They were given a service user guide when they came to the home as a reference guide. Relatives told us they were kept informed about any changes to their family member; they could visit whenever they wanted. People were supported to visit their families where possible and maintain frequent communication.

## Is the service responsive?

### Our findings

People told us they had a written plan of their care. People had an assessed plan for their care and support needs. The plans contained information about each person's needs such as their communication needs, health needs, social networks, and preferred activities. There was also a pictorial support plan that summarised the main areas of care needs in a more accessible way for people. The registered manager told us they wanted to develop these and were working with families to include some photographs. Guidance was provided to staff on how to meet people's needs within the care and support plans. For example one support plan stated, "If I am upset I would like to sit quietly with staff and read a book."

Care plans included what aspects of their care people could manage independently, for example what aspects of dressing or food preparation they could manage themselves, and what aspects staff needed to support them with. The plans were personalised to people's own needs and included their dislikes and preferences for their care. This helped to build and maintain people's life skills and confidence. A health care plan included health professional's advice and treatment in respect of people's health need so that staff were clear about how people's health needs could be best met.

We observed the handover meeting and found staff focused on a detailed discussion of each person's needs that day. It was clear staff understood people's behaviour or anxieties, how these might be displayed and what they could do to minimise this.

People using the service were supported by staff to find opportunities for learning and development of their skills and social inclusion at local colleges or day centres where this was possible and dependent on funding. These opportunities were different for each person and were included in their support plans. The service was responsive to people's individual needs and preferences, and supported people to be as independent as possible. Where this was helpful people had visual and pictorial reminders to aid their orientation and help remind them about their routines.

People were involved in a range of activities to meet their needs for stimulation and social interaction. People told us about a range of different activities they could take part in. The home shared the planning and organising of activities across the three sites next to each other. This enabled people to have greater choice and range of activities and engage with a wider group of people. On the day of the inspection some people had attended a local church club and been involved in singing and games. The opportunities included physical exercise such as dance, cycling and bowling and or more life skill based activities such as cooking or crafts. We saw people expressed a sense of achievement and enjoyment from these activities. Relatives confirmed that their family members enjoyed opportunities to relax and enjoy themselves and develop interests and skills.

There were opportunities for people to express their views about the service. There was a complaints policy and an easy read version of what to do if you were unhappy about something was available. We looked at the complaints record and found no complaints had been raised since it opened last year. People told us they had not needed to complain but if they were unhappy about anything they would speak with their key

worker or the manager. Relatives told us they had not needed to complain but would speak with the manager if there were any issues. A relative told us "We had a few teething problems and they got sorted out quickly."

## Is the service well-led?

### Our findings

People told us they liked the registered manager but otherwise were not able to comment on this aspect of their care. Two relatives told us they felt the home was well run and things ran smoothly. Two other relatives told us they had no concerns at all but needed longer to be sure of their views.

The local authority commissioners for the service told us they had no concerns about the care provided.

There was a registered manager in place who was the registered manager for the three locations next to each other of which Diagrama Healthcare is one. They had been the registered manager at this location since it was registered in 2016. There were two care coordinators who supported the manager across the three homes. The registered manager was aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents. They told us they felt well supported by the Head of Care who visited regularly.

There were processes to monitor the quality of the service. Weekly internal audits were completed across a range of areas such as medicines records, care plans, health and safety checks and handover records. We saw action was taken as a result of any identified issues from the audits. For example any gaps in MAR records were followed up and the need to update hospital passports had been identified and resolved. Monthly medicines audits were also completed to ensure any wider issues were identified. For example the need for a typed rather than hand written MAR to ensure accuracy had been identified at a previous monthly audit and resolved.

Staff told us they thought the home was well organised under the current provider and registered manager. They said that the registered manager was approachable and available and that they had made improvements to the running of the home. One staff member said, "Things are more organised with Diagrama than before; they brought us up to date." We observed that staff communicated well with each other and that there was a good sense of team work and commitment from staff to their work. The registered manager used a weekly bulletin to remind staff of particular appointments or commitments such as training events. An employee of the month award was used to recognise staff contributions.

A range of meetings were held to help the smooth running of the home. Daily handover meetings were held to ensure staff were aware of any changes in people's needs. Staff meetings across the three locations were held on a quarterly basis to encourage communication and discussion of shared issues across the staff group. The registered manager told us they were introducing separate house meetings for each location from later in the month to ensure that each location addressed any specific issues.

People's, their relatives and professionals views were sought through an annual survey by the provider across the three locations. An annual Relative and Residents Meeting was held and we saw that issues raised at a previous meeting about the possibility of more contact with animals were being looked into through the use of an egg hatching opportunity.