

Diagrama Healthcare Services Limited

# Cabrini House 2 (Diagrama Healthcare)

## Inspection report

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Date of inspection visit:  
05 September 2019

Date of publication:  
09 October 2019

## 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

Cabrini House 2 is a 'care home' providing accommodation and support for up to seven people with learning difficulties and or autism. There were seven people living there at the time of the inspection. Cabrini House 2 is one of three similar small homes owned by the provider in the same residential road.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The building design fitted into the residential area with domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

We found the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives said they thought the home was well managed; although communication about some things did not always work smoothly. We found this had not impacted on people's care. The registered manager told us they were working to improve communication. They understood their role and responsibilities. Staff

spoke positively about the support they received from the provider and registered manager. They told us they worked well as a team and were well supported by the registered manager.

The provider had systems in place for monitoring the quality and safety of the service. People's and their relative's feedback was sought informally and through an annual survey. The most recent survey showed that people felt supported and happy with the care they received

People told us they felt safe. Staff understood their roles in safeguarding people from harm. Risks to people had been assessed and staff knew how to manage these risks safely. Staff worked with people to support them to understand possible risks. There was a process to identify learning from accidents, incidents and safeguarding concerns.

There were safe recruitment practices that followed legal requirements. Medicines were safely administered and managed. Staff worked in ways to reduce infection risk.

People's needs were assessed before they started using the service. Staff asked for people's consent before they provided care or support. Staff received training and support to meet people's needs effectively.

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. People's nutritional needs were assessed and met. Health professionals said that staff worked proactively to meet people's health needs.

People and their relatives said staff treated people with care and kindness. People were consulted about the support they received. Relatives told us they were consulted and listened to. Staff treated people with dignity, respected their privacy and encouraged their independence, in line with registering the right support. People's needs in respect of their protected characteristics were assessed and supported.

People had a personalised plan for their care. These were up to date and reflected their needs. People were involved in a range of activities that they enjoyed at the service and within the community, in line with the principles of registering the right support. The provider had introduced new techniques to try and develop people's skills and confidence. People's wishes relating to their end of life care needs had been discussed with them or their relatives, where appropriate.

There were systems to monitor the quality and safety of the service. Staff worked in partnership with relatives, health and social care professionals and voluntary organisations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Cabrini House 2 (Diagrama Healthcare)

## **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 Care Act 2014.

#### Inspection team

The team consisted of one inspector.

#### Service and service type

Cabrini House (2) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who commission from the service. We also reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service, three members of care staff, a senior coordinator, the

registered manager and the intervention manager. Some people were not able to express all their views about the care and support they received and so we observed the care provided in the communal areas.

We reviewed two care plans and a range of records related to the management of the service such as medicines records, staff training records and minutes of meetings. We spoke with five relatives of people using the service by phone following the inspection and communicated with one relative by email.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from the risk of harm, neglect bullying or discrimination. One person said, "I am safe here." Another person commented, "For sure it's safe." Relatives also told us they thought their family member was safe. One relative said, "I am absolutely certain [my family member] is safe."
- The registered manager understood their role in relation to safeguarding and knew how to raise a safeguarding alert.
- Staff understood the kinds of possible harm or abuse that could occur and their responsibilities under safeguarding processes. Safety issues such as the safe use of a phone or stranger danger was discussed in key worker sessions and during house meetings. Staff were familiar with the provider's whistleblowing policy and what to do if they had concerns.

Assessing risk, safety monitoring and management

- Possible risks to people were assessed and guidance given to staff to reduce the likelihood of risks occurring. Risks such as mobility, behavioural risks and dietary risks were assessed and guidance from health professionals was sought to help minimise possible risks. People were supported to manage aspects of their finances safely.
- Risk assessments were reviewed regularly to ensure they were up to date. For example, risks in relation to accessing the community were assessed to understand if people could be supported to travel independently. Relatives told us they thought the service kept a good balance between ensuring people's safety and allowing positive risk taking in a safe environment. A relative remarked, "They understand the risks and manage that side of things well."
- Possible risks to people in relation to the environment were managed through a series of internal checks and external servicing to ensure possible risks were reduced. For example, water temperature checks were carried out routinely and checks on electrical equipment.
- Risks in relation to emergencies were identified and managed. Staff received first aid training and staff carried out regular fire drills with people so that they knew what to do in the event of a fire. People had emergency evacuation plans to guide staff and the emergency services if needed.

Staffing and recruitment

- People told us there was always staff available when they needed them, and they did not have to wait for support. Two relatives said that they found the staff changed at the service more frequently than they would like as continuity was important for people. The registered manager told us they tried to minimise staff changes as they recognised the importance of continuity for people and actively recruited to fill vacancies.
- We observed people were supported in a timely way throughout the day, with staff available to support people with their daily routine and activities of their choice and, attend health appointments.

- The registered manager told us staffing levels were varied to meet the needs of the people at the service. Two care coordinators worked across the three homes daily to provide additional support and leadership. The registered manager used the same agency and requested the same staff to try and provide as much continuity as they could to cover vacancies.
- The provider and registered manager continued to operate effective and safe recruitment checks to reduce the risk of employing unsuitable staff. New staff told us the full range of checks were carried out before they started work at the home.

#### Using medicines safely

- There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. All drugs including 'as required' and controlled drugs were stored and administered safely.
- Staff received training on the administration of medicines and had their competency to administer medicines assessed to ensure they continued to use safe best practice. Staff understood their roles in the safe management of medicines.
- People's medicines were also regularly reviewed by health professionals to ensure they met their needs.

#### Preventing and controlling infection

- There were systems in place to reduce the risk of infection. We observed the home was clean and people were supported by staff to keep their rooms clean and the home clean through the sharing of the cleaning of the communal areas. Relatives remarked the home was clean and free from odours when they visited. Hand wash facilities were available, and staff had access to protective equipment, such as disposable gloves, when needed.
- Staff were aware of the importance of good food hygiene, how to reduce the risk of infection. Fridge and freezer temperatures were monitored to ensure food was stored safely

#### Learning lessons when things go wrong

- There was a system to identify and share learning across the home. Staff learned from a range of areas such as incidents, accidents, near misses and complaints. Staff understood the importance of reporting and recording accidents and incidents. These were monitored by the care coordinators and reviewed by the registered manager to ensure appropriate action was taken and to consider for any learning or patterns.
- Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Lessons learned were shared with the staff team at meetings. For example, learning in relation to a particular behaviour was discussed to develop an effective strategy for staff to use to respond consistently.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed before they came to live at the home and there was a programme of introductory visits to support people's decision making and move.
- Assessments were carried out with people, their families and health and social care professionals where relevant and included all aspects of people's needs including their protected characteristics. For example, consideration was given to the need for any equipment to aid people's mobility or safety.

Staff support: induction, training, skills and experience

- Staff told us they received sufficient training and support to carry out their roles effectively. One staff member said, "We get lots of training, the induction here is very good and intensive and we get supervision and support is always there."
- Staff were provided with a range of suitable training to meet people's needs and records showed this was mostly up to date. Training on epilepsy and autism was being carried out at the time of the inspection. The registered manager was arranging for positive behaviour support training to be delivered to staff.
- For new staff their induction programme followed the requirements of the Care Certificate. The Care Certificate is the standard set for staff new to working in health and social care.

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

- People's nutritional needs were supported. People told us they were supported to choose the food they ate and cooked for themselves as much as possible. We observed health eating options were encouraged. A range of recipes were available to support people's choices.
- Where people had particular dietary needs or nutritional requirements we saw this was identified in people's care plans and staff were aware of the support they needed.

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

- People and their relatives told us they were supported to maintain their health and that they saw the doctor, dentist or optician when they needed to. Care plans identified people's health needs with guidance for staff on how to support them. People had hospital passports to provide emergency staff with important information about them.
- A relative commented on the proactive way the staff worked to address obstacles to health care treatment to ensure people's needs were met.
- A health professional commented that staff at the home worked well with them and had taken up recommendations they made and implemented them

Adapting service, design, decoration to meet people's needs

- The environment was suitably maintained and adapted for people's needs. There were accessible toilets and bathrooms or showers. There was no lift but there were bedrooms on the ground floor as well as upstairs to cater for differing levels of mobility. There was a lounge for people to socialise in and a large kitchen with equipment at a suitable height to aid cooking and a garden which people told us they enjoyed in the warm weather.
- People had personalised their rooms and chosen colour schemes and furnishings. A relative said, "It's a well-equipped home and the accommodation is nice."

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People told us staff asked for their consent before they provided care. Staff had completed MCA training. We observed staff sought consent from people when supporting them. For example, in relation to their how they wished to spend their time or the order they chose to do things. Staff listened to people's views and respected their decisions
- Mental capacity assessments for separate decisions about people's health care and support needs had been completed. Where people lacked capacity to make decisions for themselves relatives and where relevant health professionals were consulted to make a decision in their best interests to support them in the least restrictive way possible.
- Where there were authorised applications to deprive people of their liberty for their protection we found that the necessary paperwork was in place and kept under review to consider a reapplication when needed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 spoke positively of the staff that supported them. One person told us, "The staff are good. They help you." A relative said, "We are jolly happy with the care and support here. The staff are warm and have a real rapport with people."
- There was a warm atmosphere at the home and people joked and enjoyed the support of staff as well as turning to them if they needed reassurance. Staff knew people well and were able to communicate and understand people where they may be unable to fully communicate their needs verbally.
- People's diverse needs were identified as part of their assessments and care plans. Staff showed an understanding of equality and diversity and the need to support people's individual needs with regard to their protected characteristics.
- Staff were aware and sensitive to people's moods and factors influencing their changing moods. For example, we saw they offered support discreetly where one person had become distressed.

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

- People told us staff consulted them and continued to involve them in decisions about their care and routines. One person said, "Staff ask me what I think first."
- We observed people were supported to express themselves. Staff listened well and did not rush people for a response. People's decisions about how or where they wanted to spend their time and their preferences about their routine were respected. For example, where people expressed a wish to be up early this was respected.
- People had a named worker who spent time with them and was responsible for aspects of their care. This encouraged a meaningful relationship where people would develop confidence to express themselves and any concerns.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respectfully. One person commented, "The staff talk nicely and knock on my door."
- Staff understood the importance of keeping people's information private and their records secure.
- Following the principles of RRS, people said they were encouraged to be as independent as possible. We observed they were supported to use technology to stay in touch with people that mattered to them and to develop skills such as cooking, shopping and doing their laundry.
- People and their relatives told us they were encouraged to maintain relationships with people that mattered to them through regular visits home and support to use the phone or other equipment to stay in

touch if needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- At the time of the inspection the service was moving from paper care records to an electronic system and records were in the process of being transferred. People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support people with their health needs, mobility, personal care and emotional and behavioural needs, as well as their preferences and dislikes.
- In line with registering the right support principles staff worked with health professionals such as the behaviour intervention team to develop positive behaviour support (PBS) plans to provide detailed and a consistent approach in relation to any behavioural needs where required. PBS is a way of working with people who may display behaviour that may require a response, to understand their triggers and support them in a positive way.
- People's or their relative's involvement was not always recorded in the care plan reviews. However, relatives confirmed that they were involved and attended. The registered manager told us care plans were being placed onto the electronic system which would work better to record people's involvement. Most relatives said they thought communication worked well but two relatives said they were not always sure some messages reached the right staff. For example in relation to weekend arrangements they made. The registered manager told us they had identified this had occasionally not worked as well as it should and were working to improve this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people in accessible formats to meet their varied individual communication needs. For example, information about how to raise concerns was displayed to aid understanding and other records such as care passports or menus were also in an easy read format. Where people used sign language this was supported through a daily sign reminder to help refresh staff and people's knowledge.

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

- People told us they had enough to do and were supported to enjoy a range of activities. People had personalised activity planners to help plan their routines and ensure they were stimulated and their need for sociability were met. Relatives said staff supported people to access the community and take part in a range

of activities that were appropriate to their preferences and needs.

- Some people were supported to attend local college to build on their skills. People also attended a local social club. Since the last inspection development workers had been appointed to lead on supporting people to access suitable employment or work experience in the community, in an area people had interest in, where this was appropriate. This was in progress at the time of the inspection.
- Since the last inspection the provider's intervention worker had developed a programme using Montessori principles to improve people's confidence, coordination and other skills in an individualised way. (Montessori principles focus on providing an environment that enhances learning and confidence through identifying people's strengths.) People had personalised goals which were reviewed with them. We observed part of a session and saw that people were positively absorbed with activities personalised to their needs. A relative commented, "I am absolutely delighted with this programme, it is of great benefit and is person centred for each person." Staff were also positive about the impact of the programme and had training to support the sessions.
- A volunteer artist worked with people at the home and supporting them to take part in an art project. As part of this one person had been supported to go to art workshops in France and an open day to display art work had taken place at the home.

Improving care quality in response to complaints or concerns

- People told us there was nothing about the home they were unhappy with. They said if there was a problem about anything they would speak with the staff. They were confident staff would address any issues.
- The home had a complaints policy and process which the registered manager monitored to identify any learning. Relatives told us they had not needed to make any formal complaints since the last inspection and the staff were responsive in dealing with any issues they raised.

End of life care and support

- None of the people currently living at the home required support with end-of-life care at the time of the inspection.
- Where people and their families were willing to discuss their future wishes, people's care plans recorded their wishes and preferences in respect of this stage of their lives to ensure staff were aware of their preferences and that they were respected.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Overall, relatives told us they thought the home was well managed and they were kept updated about changes. One relative said, "It's a well-run home and staff are knowledgeable and trained." Two relatives said they thought communication about some things did not always work well such as being told about a change of key worker. This had not impacted on people's care and the registered manager told us they had identified this and were working to address it.
- The service had a registered manager in post. They understood their responsibilities as registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating, which was displayed in the provider's office and on their website.
- Staff demonstrated a good understanding of the responsibilities of their roles. There were regular staff meetings, handovers and a communication book was used to support effective communication.
- Staff had access to support and advice from the management team when they needed it, including an on-call number for use in the evenings and at weekends.

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

- Staff said there was a supportive working culture at the service. They told us the registered manager and provider were committed to ensuring people received the best standard of care possible and to empower people to do as much as they could safely for themselves. One staff member told us, "The manager and senior coordinators are really approachable and supportive." Another staff member told us, "I know I can speak to [the registered manager] about any issues." Staff also commented the management team reacted quickly to resolve any issues about people's care.
- The new Montessori programme introduced since the last inspection was focused on empowering people in a person-centred way.
- Staff told us they worked well as a team. One staff member said, "This is a lovely place to work, there is an amazing manager and coordinators really help. We all work really well together."
- There were regular staff meetings to encourage good communication and for staff to express their views about a full range of issues. We saw how the new Montessori principles had been discussed with staff and staff provided with training to understand them better.

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 and registered manager understood the duty of candour and there was a policy and procedure to follow when needed.
- The registered manager told us they were open in informing people's relatives where appropriate when any incidents or accidents had occurred.

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

- Regular house meetings were held to encourage people to be actively involved in the running of the home. The provider published a regular newsletter to provide relatives with regular updates about the service and an annual report was produced. There was also a suggestions box readily accessible for people, relatives and visitors.
- Development workers had been employed to work actively to support people find work experience and employment where possible.
- Relatives told us they felt welcomed at the home and were invited to events such as the art open day.

Continuous learning and improving care

- There were a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs) and health and safety checks as well as an annual health and safety audit. Action was taken to address any identified issues.
- The registered manager monitored accidents, incidents and complaints and held regular meetings with staff to discuss good practice and to share any learning.
- The provider had introduced a number of improvements since the last inspection including electronic care plans, the appointment of development workers and the new Montessori approach.

Working in partnership with others

- The registered manager and staff had developed good working relationships with health professionals, local colleges and the local authority and worked to implement any recommendations they made.
- The home had developed good working relationships with a range of volunteers and with the voluntary sector such as the art project. They had engaged with a local charity to provide people at the home with training on using the internet safely.