Durnford Society Limited (The)

The Durnford Society Domiciliary Care Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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, 38 people received support with their personal care needs from the agency.

The service had 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.

At the last inspection in January 2016 the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

We visited and spoke to seven people in their own homes and observed the interaction between them and the staff supporting them. People were not all able to fully verbalise their views, so staff used other methods of communication, for example visual choices and sign language.

People remained safe using the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People had their needs met by suitable numbers of staff, with additional staff support arranged when needed. One relative said how safe and well looked after their relative was.

Peoples' medicines were managed safely. Staff received medicines training and understood the importance of safe administration and management of medicines.

People were protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected.

Peoples' risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to help support and enable people to retain as much independence as possible and help reduce risks from occurring. Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued by supporting people to engage in everyday tasks, for example cleaning and shopping.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff confirmed they attended team meetings and they received one to one supervision to monitor their practice with appraisals of performance. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to reach their goals and ambitions.

People's equality and diversity was respected and people were supported in the way they wanted to be. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA).

People continued to receive a service that was caring. Staff demonstrated kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff offered additional support and showed patience and understanding.

The service was responsive to people's needs and people were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation. People were supported to access the local community including part time employment.

People could make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve. The complaints procedure was available in an easy read version to assist people.

People's communication needs were known by staff. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and easy to understand information for people with cognitive difficulties. The service remained responsive to people's individual needs and provided personalised care and support. The registered manager had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. People received information in a format suitable for their individual needs. Throughout the inspection we saw evidence of how the registered manager and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

The service was well led. The provider had systems in place to monitor, assess and improve the service. There was an open culture, and people, relatives and staff said they found access to the office and management team welcoming and easy. Staff were positive and happy in their jobs. There was a clear organisational structure in place.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Durnford Society Domiciliary Care 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 was a comprehensive inspection completed on the 16 and 17 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one adult social care inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with seven people who received support with personal care and lived in their own home. We spoke with one relative, one professional, six staff members and the registered manager.

We looked at four records which related to people's individual care needs. We viewed four staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People who used The Durnford Society domiciliary care services were unable to all express themselves fully. However, they appeared to be very relaxed and comfortable with the staff who were supporting them. Staff agreed that people were safe with one commenting; "We make sure people are safe and well cared for."

People had sufficient numbers of staff employed to support them and help keep them safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spending time socialising with them. People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe.

The Provider Information Record (PIR) records; "All staffing levels are calculated and tracked to ensure that we have enough staff employed to cover the hours we are commissioned to provide. These are reviewed on a weekly basis."

Staff were protected whilst lone working and a whistle blowing policy was available to all staff. An out of hours on call service was available to support staff safety and ensure people receiving visits received them.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff had completed safeguarding training.

People were supported and encouraged to take an active role in keeping their service and personal space clean where they were able. Staff completed infection control training and knew how to protect people from associated risks.

People had documentation in place relating to the management of risks associated with their care. Risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's own home, as well as risks in relation to their care and support needs and any behavioural needs to help keep people safe. Incidents and accidents were monitored and actions taken to prevent the problems occurring again. Updated risk assessments were read and followed by staff. Regular service reviews and quality monitoring checks ensured procedures were followed. Staff had received fire training and were aware of the emergency procedures to follow in the event of a fire.

People's medicines were managed safely. People's medicines were administered as prescribed. Medicines were stored in people's own home in locked cabinets. Staff completed medicines training and were checked for competency.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff, who worked regularly with the same people to provide continuity, had good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs.

People were supported by staff who were well trained and received regular support. Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff received monitoring of their practice, and team meetings were held. Staff confirmed regular training was provided in subjects which were relevant to the people they supported. For example, diabetes and epilepsy. The registered manager had ensured staff undertook training the provider had deemed as 'mandatory'. Staff new to care completed the Care Certificate (a nationally recognised qualification for staff new to care). This covered equality and diversity and human rights training as part of this ongoing training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. One staff member said; "We are checked to make sure we have completed all our training."

The registered manager and staff understood their responsibilities in relation to the legislative framework of the Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People's right to make decisions about their lives was respected and supported by the staff. For example, one person had chosen not to receive support 24 hours a day as was recommended and this was respected. Staff used appropriate communication methods for people to help ensure people had their right to have control over their care and treatment respected. Each person's chosen communication method and their physical response was written in their care records. Where people lacked the capacity to understand the implication of decisions about their care, best interests decisions were taken with appropriate health professionals, their advocate or family member and care staff who knew them well.

People's care file held communication guidelines. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were available to help ensure it was in a suitable format for everyone. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk of choking due to consistency of food had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suitable food choices.

The service had policies and systems to support people in developing their relationships with each other and those outside the service. This included identifying the right training for staff. The registered manager was aware of how to support people to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Good

Is the service caring?

Our findings

People continued to receive a service that was caring. One staff member said; "Best company I have ever worked for. All the staff are so caring." A relative said; "Very well looked after."

People had used the service for a number of years and had built strong relationships with the staff who supported them. People we met all appeared happy and comfortable with the staff working with them. Staff were cheerful, friendly and positive. Staff knew each person well. Staff understood the importance of treating each person equally, and as an adult and a valued individual.

The Durnford Society website states; "Our policy is to ensure that no person is rejected for the provision of services, employment, voluntary work, or participation in any of its activities or generally treated less favourably than anyone else, on the grounds of the nine equality strands of; Age, Disability, Sex, Sexual Orientation, Marital/Civil Partnership Status, Gender Reassignment, Race, Religion or Belief, or Pregnancy/Maternity status."

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and kindness. People were chatting with staff about plans for their day and trips out. All conversations were positive. People with specific communication needs were given time to make choices about what they wanted to do to. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. Staff supported people during our visits and were attentive and provided reassurance when needed.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People lived in their own home or shared accommodation with other people. The staff respected when people wished to be alone. Staff struck a balance of people having privacy and being checked to make sure they were safe. Staff checked one person, who wanted to remain in their own room, regularly to see if they were fine. Staff were observed ringing door bells to gain access with consent to people's private homes.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

People's independence was respected. For example, staff encouraged people to participate in household tasks including preparing meals and also respected when one person did not want 24 hour support. Staff were observed supporting people with their independence. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their

independence.

Good

Is the service responsive?

Our findings

The service continued to be responsive. A relative said how responsive the service had been when their relative had become unwell. A professional comment that the service had responded to someone whose needs had changed and how quickly they put plans in place to help support this person to stay in their own home.

People received personalised care that was responsive to their needs. People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health or behavioural needs. All the care plans held detailed hospital passports. This documented important information for hospital staff about people's preferences and how they communicated if they needed to go into hospital.

People's likes, dislikes and their aspirations had been identified. For people with limited verbal communication skills care plans identified ways of facilitating communication with the use of pictures, photos and symbols. Care plans held information on personal choice and the importance of supporting maximum independence. For example, people were given as much choice as possible about how they liked to spend their day and where they wanted to go. If people had protected characteristics such as under the Equality Act these were respected and documented. The provider's policies and procedures reflected that people would be treated equally and fairly.

The company had a complaints procedure available for people and visitors to access. One person, when asked, said they talked to the staff or their family if they were not happy with things. The registered manager clearly understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to some people's nonverbal communication, they knew people well and worked closely with them and would monitor any changes in behaviour. The registered manager told us, they would take action to review the policy to ensure it was in line with the Accessible Information Standard (AIS). For example, supplying a dictaphone for people to record concerns/complaints if they were unable to write information down. People had either family members or external advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

People had a timetable plan and noticeboard of activities they enjoyed and may wish to attend. People able to, told us they enjoyed the activities they attended, which included swimming and shopping in the local town. People were also supported to have holidays accompanied by staff and to attend work placements. People were supported to attend social clubs so they could meet friends.

At the time of this inspection there were no people close to the end of their life. However, the registered manager understood, through end of life training completed, how to ensure people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that any people who needed end of life care in the future could be confident their needs would be met.

People who had gone through a bereavement had been referred to the local community "Feeling Team" for support and advice. The PIR recorded; "Through the Feelings Team [person's name] was able to talk and discuss openly about his concerns and have the help and support to come to terms with his loss."

Good

Is the service well-led?

Our findings

The service remains well-led. Staff spoke highly of the registered manager and of the company. 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. One member of staff said; "Approachable. Really nice to talk to and can always go to see them." Another said; "I had a problem, went to them and they sorted it for me. It was great to know I had that support."

The provider's website recorded: "The Durnford Society prides itself on offering an empowering person centred approach through a range of diverse services. Each service promotes freedom of choice for individuals encompassing their wishes, needs and aspirations. This philosophy provides the opportunity for a more independent lifestyle." The registered manager ensured these visions were embedded into the culture and practice within the service, and incorporated them into staff training. Staff received a copy of the core values of the service. As a consequence of this, people looked happy, content and well cared for.

People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff had confidence in the management of the service. Staff told us the registered manager were approachable and made themselves available for support and guidance. The registered manager was open, transparent and person-centred. We were told that the focus of the registered manager was to ensure people came first and received good outcomes.

Staff, were hardworking and very motivated. They shared the philosophy of the management team. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the management of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. Senior management visited regularly and monitored the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's homes where they completed detailed checks on all aspects of the service people received. The registered manager had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice guidelines.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the company were aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information

Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were processes and systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.