Diagrama Healthcare Services Limited

3 Diagrama Healthcare Services

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

This inspection took place on 06 and 08 June 2016 and was unannounced. This was the first comprehensive inspection for this provider of this service. It had previously been run by another provider.

3 Diagrama Healthcare Services provides personal care and support for up to eight adults who have a range of needs including learning disabilities. At the time of our inspection there were eight people living at the home.

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.

People and their relatives told us they were safe and well looked after at the home. People were happy and relaxed and told us they liked living at the home. Staff were aware of how to recognise signs of abuse or neglect and what to do if they had any concerns.

Care was planned and delivered to protect people's safety and welfare. Risks to people were identified and plans were in place to reduce the likelihood of risk occurring. People had detailed plans of care for their health and support needs, these included their likes and dislikes and were updated when needed. People and their relatives told us they were involved in reviewing the plan of care and support.

Checks were carried out on the premises and equipment to ensure these were safely maintained. There were enough staff on duty to meet people's needs and the home had safe recruitment procedures to help protect people from the risks of being cared for by unsuitable staff. Medicines were safely administered.

People received enough to eat and drink and their preferences and any cultural needs were taken into account. People's health needs were closely monitored and the service worked closely with health professionals to ensure people got the right support. Staff received enough training to support people adequately and told us they felt well supported to do their job.

Staff understood the importance of obtaining consent where possible before they provided care. They told us how they looked for signs from people that they were happy with the support they provided. Staff knew what to do if people could not make decisions about their care needs and relatives were involved in best interest meetings with professionals when required to make specific decisions. Staff knew about the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and applications for authorisations had been made appropriately. People were supported where possible to take up employment and or skills training to build on their skills and independence.

People were supported as far as possible to make decisions about their care and support. They were encouraged to take part in a range of activities they enjoyed. Staff knew people well and knew people's preferences regarding their care and support needs. Appropriate methods were used to help people communicate and make choices, for example, we saw staff understood gestures and body language to understand what people wanted to do. There were easy read notices displayed to aid understanding. Staff respected people's privacy and treated them with respect and dignity.

People, their relatives and staff felt there had been positive changes at the home since the new provider had taken over. There was a visible management structure in the home and staff and relatives felt the manager was approachable and helpful. Staff told us that they worked well as a team to meet people's needs and felt the new provider and manager listened to their views and were driving improvements. There were systems in place to monitor the safety and quality of the service provided and to obtain feedback from professionals and relatives to consider any

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 told us they felt safe at the home and with the staff who supported them. Staff were aware of how to raise safeguarding alerts or concerns if they needed to. Risks to people were identified and guidance given to staff to reduce risk. There were arrangements to deal with emergencies.

Medicines were administered to people safely and appropriately. People told us there were enough staff at the home on each shift to support them safely. Safe recruitment practices were followed.

Is the service effective?

Good

The service was effective.

People and their relatives were sure that staff had the knowledge and skills necessary to support people properly.

Staff worked within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

People told us they were supported to have enough to eat and drink. Staff were aware of any special diets people required and supported people to be as independent as possible.

People and their relatives said they had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians. Professionals said the service worked closely with them and responded to advice.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring responded to them with kindness. Staff knew people well and understood their different needs and preferences.

People told us staff respected their dignity and need for privacy and we observed this to be the case.

People were involved in making decisions about their care, treatment and support as far as possible on a day to day basis and through discussions with their key worker and house meetings.

Is the service responsive?

Good

The service was responsive.

People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

People were supported to find employment where possible and were involved in a range of activities they enjoyed and that stimulated them. They were supported to maintain relationships with their friends and relatives.

There were opportunities for people to express their views about the service. There was a complaints policy written in an easily understood format. There had been no complaints since the last inspection.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff all told us the provider had consulted with them about changes at the home. They told us the manager was approachable and led the staff team well.

There was an open culture focused on improvement and delivering good quality person centred care.

The service had a system to monitor the quality of the service through internal audits and provider audits across the various aspects of service delivery. Any issues identified were acted on.

3 Diagrama Healthcare Services

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 06 and 08 June 2016 and was unannounced. The inspection team consisted of one inspector on both days. 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. We also asked the local authority commissioners for their views of the service.

At the inspection we spoke with all eight people who use the service and observed staff and people interacting. We spoke with six care workers, the registered manager and the provider's Head of Health Care Services. We observed a staff handover meeting. We looked at three 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 three 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.

Good

Is the service safe?

Our findings

People told us they felt safe at the service, well looked after and free from discrimination. One person said, "It is safe here, very safe and staff know me." Another person said, "I feel really safe here." People told us if they had any concerns they would tell a staff member and they were all of the view that the staff would take action to protect them and address the concerns. One person said, "I would go to staff. Staff look out for me." We saw a comment from a survey completed by relative that said their family member "Continues to say he wants to live (at the service) forever. That sums up how safe and supported he feels which is brilliant." Relatives told us they felt reassured that their family members were safe and happy at the home.

Staff knew how to keep people safe, the signs of possible abuse or neglect and what they should do if they had any concerns. They were also aware of which external agencies they could report concerns to under the provider's whistleblowing policy. Staff received regular refresher training on safeguarding adults to keep them up to date with their responsibilities. Safeguarding policies and procedures provided additional guidance for staff; there were guidelines for staff on supporting people to manage their money and these arrangements were checked to ensure this was managed safely. There had been no safeguarding concerns since the last inspection. The registered manager had attended safeguarding training; they were aware of their responsibilities in relation to safeguarding and knew how to raise a safeguarding alert if needed.

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. Any risks to people were considered and a written plan provided for staff to reduce likelihood of these risks occurring. For example, there were risk assessments in relation to travelling independently and risks in the community as well as risks within the service such as from the use of equipment or in relation to people's health needs. Relatives told us they thought staff had a good balance between promoting people's independence and enabling people to be as safe as possible. One relative told us, "I have seen (my family member) grow in confidence I think they get a good balance in protecting people and helping them be as independent as they can." Staff told us how they had worked with people to enable them to travel independently to work which they had not been able to do previously.

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. There was always a manager present or on call for support or advice and contact numbers were displayed for easy access. Staff knew what to do in response to a medical emergency and they were first aid trained so they could respond effectively. There were suitable arrangements to respond to a fire and manage any safe evacuation needed in such an event. People told us what they would do in the event of a fire and we saw staff conducted monthly fire drills with people to help remind them. 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.

Risks were reduced through safe recruitment practices. Appropriate checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for the role.

Risks in relation to the premises and equipment were reduced through regular checks and routine maintenance for example in relation to fire equipment, legionella, water temperatures and gas and electrical equipment.

People and their relatives told us there were enough staff to meet people's needs and care workers were available to support them when required; we observed this to be the case. One relative said, "There always seem to be enough staff around it's never been an issue." People were supported with the activities of daily living in a timely way and to take part in activities outside the home. One person told us, "Yes there are always staff around to help." The registered manager told us that staffing levels were arranged to cover the needs of people at the service, for example if people needed support due to illness at night then extra cover could be provided. Staff told us they thought there were enough of them to meet people's needs.

People were supported to take their medicines as prescribed by health professionals. People told us they received their medicines when they should. Medicines were administered by trained staff. Staff received medicines training and had their competencies to handle medicines checked annually. We checked four Medicine Administration Records (MAR) and these were up to date and corresponded with the amount of medicines administered. Risks in relation to the self-administration of medicines were assessed and monitored and secure storage provided. People had detailed records for their medicines these included guidance on when to offer as required (PRN) medicines, an identity photograph, and details of any allergies or possible side effects of medicines for care workers to be aware of.

Temperature checks were carried out to checks medicines were stored at correct temperatures but there was no minimum and maximum thermometer in use to ensure that the temperature of the cupboard remained in safe limits. We discussed this with the registered manager who took immediate action to order the maximum and minimum thermometer. They confirmed this had arrived and was in use following the inspection. The provider had guidance for care workers about procedures for medicine errors should they arise. Monthly medicines audits were completed to cheek for any issues and an external audit had been completed by a pharmacist and no issues were identified.

Good

Is the service effective?

Our findings

People and their relatives said staff understood how to support them and were knowledgeable about their roles. One person told us, "Staff know what I need and what to do." Most staff had been employed at the service for several years and told us they received the training they needed to know how to support people safely. One staff member told us, "We have had lots of training here, particularly since Diagrama took over."

The registered manager and representative of the provider told us that when they had taken over as the provider, staff training in areas they consider essential needed refreshing. They had focused on organising this training to ensure staff knowledge was up to date. This included training on health and safety, manual handling, first aid, fire safety, mental capacity, safeguarding adults, and other areas. Records confirmed that they had received recent training across a range of topics and were booked to receive further training where needed. Staff were encouraged to undertake the Diploma in Health and Social Care to increase their knowledge. Existing staff had received training in specific areas such as behaviour that requires a response and the provider's representative told us that they were currently working on sourcing training for new staff relevant to people's specific needs.

Induction training was given to new staff to help them learn about their roles and the needs of the people they supported. The induction followed the Care Certificate, a nationally recognised qualification for health and social care workers. There was also a specific service induction to familiarise new staff with policies and processes at the service. There were clear written guidelines for staff about what tasks new staff members could undertake. The induction included reading policies and procedures, a period of shadowing with an experienced member of staff and training.

Staff said they had regular supervision sessions throughout the year and this was confirmed from records. Informal supervision or support was also available; staff could speak to their manager in between formal supervision sessions. The registered manager told us that as they were new into post staff appraisals had not yet started but were planned to be carried out later in the month. We were unable to verify this at this inspection but will follow up at a subsequent inspection.

People's rights in respect of decision making and consent were respected. People told us that staff asked their permission before they supported them. One person told us, "They ask me first what I want." Another person told us, "Staff help me decide when I get stuck and don't know what to do." During the inspection we heard staff ask people's permission before carrying out support for example in relation to applying sun cream in hot weather.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. 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 had received training on the Mental Capacity Act 2005 (MCA) which protects people who may be unable to make specific decisions about their care. Staff spoke in terms of supporting people to make choices and manage their lives as far as possible. They understood that people's capacity to make some decisions could vary depending on how they felt. They told us that if the person could not make a particular decision then they thought about what was in the person's 'best interests'. This meant they asked relatives or representatives close to the person as well as other professionals for their views. Relatives confirmed they were involved in discussions about some decisions in relation to their family member's care. We saw evidence of best interests meetings with professionals and families in relation to particular health decisions.

Applications for Deprivation of Liberty authorisations for people's own safety and protection had been made appropriately and were monitored to ensure any conditions were met and that a renewal application was made, if required, before any authorisation expired. The registered manager demonstrated knowledge about her role in relation to MCA and the circumstances when an independent mental capacity advocate might be needed to support someone with making a decision.

People's nutritional and dietary needs were planned for. People's weight was monitored regularly to reduce any health risk. People told us they were encouraged to help prepare their own meals supported by staff. They said they made their meals independently but chose to eat together every evening with the staff on duty as a social occasion. Staff told us people had previously attended a cookery course and one person showed us their folder of menus they had made. Staff told us they encouraged people to make healthy choices. One person said, "Staff help me, they tell me what foods are good for me and what is not."

People were supported to access health care professionals they needed to meet their health needs. Relatives told us staff were prompt to respond to any health concerns and update them about changing health needs were relevant. One relative told us, "Staff made an appointment straight away with the GP to check things out when I told them." Staff attended appointments with them to support people where needed. Detailed 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 provided staff with a clear understanding of current health issues and treatment. 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.

The home worked with a range of health and social care professionals including for example social workers, nurse and occupation therapists, the GP, dentist and optician. The manager told us they had effective working relationships with health professionals and found them all responsive and supportive. This was supported by health professionals we contacted. They told us staff worked well with them and reacted promptly to refer people to them appropriately. They said staff knew people they supported well and responded to any changing needs.

Good

Is the service caring?

Our findings

People told us that they liked the staff and found them kind and caring. One person said, "All the staff are good. Nothing could be better here." Another person said, "I really like the staff. They look after me well." Relatives were complimentary about the staff team. One relative told us, "The staff are very, very good; they really do care for (my family member) well." Another relative commented, "The staff are really caring and kind. It's the residents home and staff really treat it that way and involve them in everything."

We found a warm, relaxed and friendly atmosphere at the home. Most people had lived there for several years. Staff were also mainly long standing and it was clear they knew people's personalities, preferences and needs well, for example their musical taste or what they liked to wear. Staff interactions with people were warm, encouraging and supportive. We saw that people enjoyed the company of the staff and each other. They laughed and joked with staff at various times in a spontaneous way. People they told us they were happy living at the home. One person said, "I love it here." Another person told us, "This is the best place. I am really happy here." Not everyone at the service could fully communicate their views and we observed how staff recognised individual behavioural signs as indications of happiness or indications about their wishes.

People told us they enjoyed spending time together and we observed this to be the case. They told us they viewed the other people at the home as "their friends". On the first day of the inspection we saw people and care workers celebrate the birthday of a person living at the house. They told us they had chosen to go out for an evening meal to celebrate and how much they enjoyed getting ready to go out. People also told us they enjoyed each other's company and about a recent holiday they had all taken together and how they had discussed where to go in house meetings.

People told us they were involved in making decisions about their care and support. People told us they were supported to make choices about their care and support needs. Each person had a key worker with a buddy worker for when they were not on duty. They told us they spoke with their key worker about their care and support needs. One person told us, "My key worker helps me with my meals." Another person said, "I talk to my key worker if ever I get upset. They help me." People were also encouraged to take part in their annual review with the local authority. Regular house meetings were held to discuss any issues and the minutes showed that people felt able to provide their views and had welcomed changes the provider had made such as a staff board with photos to help remind them of staff names.

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 were addressed through attendance at local services. The home had polices to guide staff in relation to supporting people's rights to live a lifestyle of their choosing. A staff member told us, "We are guests here. This is their home and we support them in their choices."

People's rights to privacy and dignity were promoted. People told us staff respected their privacy and

dignity. One person told us, "Staff knock on the door before they come in." Staff described how they respected people's dignity for example by shutting bedroom doors while people were getting ready and discussing people's individual needs discreetly. Relatives told us they felt welcomed at the service and told us staff had been supportive to them during difficulties. One relative told us, "The staff have been so kind and supportive; they have done that little bit more." Relatives commented staff kept them informed where relevant of any issues or concerns.

Good

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 health care plan that included any health professional's advice and treatment in respect of people's health needs. Guidance was provided to staff on how to meet people's needs .This included what aspects of their care they could manage independently and what they needed help or reminding about and what their preferences were. For example what aspects of washing or dressing they could manage independently, their preferred toiletries and what aspects staff needed to support them with. This helped to build and maintain people's life skills and confidence.

People using the service were supported by staff to find opportunities for paid or voluntary employment, or opportunities for learning and development of their skills and social inclusion at local colleges with support where needed from staff. These opportunities were different for each person and were included in people's support plans. Two people spoke enthusiastically with us about the tasks and responsibilities in their work and clearly benefitted from their roles. The service was responsive to people's individual needs and preferences, and supported people to be as independent as possible. For example people were supported to travel independently where appropriate. There were visual reminders to aid people's orientation and help remind them about their routines. Display boards showed the date day and time and who was in duty. Some people had their own display boards in their rooms to help remind them of their routines and reduce anxiety. A staff member said, "We really try to be person centred and I think we do this quite well."

Relatives told us that staff knew people's needs well and responded to them. It was clear from the handover meeting that staff focused on responding to each person and their individual needs and choices. Staff knew the triggers and different signs of distress people could show and discussed how best to manage these. People were supported where needed with access to I pads, laptops and phones to access information, plan activities or keep in touch with family members.

People's needs for stimulation, social interaction and development were addressed. One person told us "There are always things to do, here. We go out a lot. I love it." There were activity coordinators who worked at the service three days a week to meet people's needs on the days they did not attend college courses. The activities coordinators told us they consulted with people about their choices of activities and could be flexible with the support of the care staff to manage people's preferences. They told us how they focused on encouraging people's enjoyment confidence and independence as much as possible and how they sometimes used pictorial aids to communicate with people to ensure they had understood them.

People were involved in a range of activities they enjoyed. It was clear from the way people spoke about their activities to us they were provided with stimulation that benefitted their self-esteem. These opportunities were individualised and included physical exercise such as dance, cycling and sailing or other skill based activities such as cooking or crafts. There was also a cookery session for those who chose to do this. 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. However, one relative told us they would like to see this extended to weekends. We discussed this with the registered manager who told us they were looking to extend the number of staff involved in activities.

The manager and provider's representative told us they planned to increase links in the local community. Some people attended local football matches; other people had links with a local church. People went to the local library and attended a local social club. People had identified strengths which staff supported and encouraged such as skiing or dance.

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. 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. One person told us, "If I was unhappy I would speak to staff. They would sort it out for me." They said they were confident any issues would be resolved quickly. Another person told us, "If I was unhappy I would speak with staff." Relatives told us they had not needed to complain but would speak with the manager if there were any issues.

Good

Is the service well-led?

Our findings

People told us they thought the service was well run. One person said, "It all works well here." They all knew who the manager was and said she came to the house regularly. We observed people also went to her office to speak with her when they wished. Relatives said they had been concerned about the change in provider but felt the change had been managed well for their family members; and they had been kept informed. One relative said, "Hats off to them; they have managed what could have been a difficult situation very well. They have really supported people through the change." Another relative described both organisations as "Faultless from the beginning. It's fantastic. I've never had to complain about anything."

Some relatives told us they had seen signs of positive changes at the home. One relative said, "It's definitely heading in the right direction and coming through; communication is better; they care for [my family member] very well." Relatives told us there was a meeting planned the following month for families to meet the new registered manager.

There was a registered manager in post who had recently registered with CQC. She understood her responsibilities as a registered manager and knew how to submit relevant notifications to CQC as required. The manager supported a person-centred approach and looked for ways to improve the service, as well as meeting her other responsibilities as a registered manager.

We found the provider and the manager encouraged an open culture at the home. We observed people felt able to express their views in a relaxed way to staff. Relatives told us they felt listened to and their views were considered. The regular house meetings and key worker sessions offered further opportunities for people to be involved and discuss their views and questionnaires were sent to relatives to obtain their views. The feedback from the surveys was positive with no areas identified for improvement. Staff understood the aims and values of the service to provide good quality care and support to people, to respect people's individuality and enable them to reach their full potential.

Staff told us there had been changes at the home and felt the new provider and registered manager were making positive changes and they were consulted about these such as training and changes to the rotas. One staff member said they are "Taking it into the 21st century they have a vision of what they want the home to be, the changes are well managed." Another staff member said, "We have been consulted about the changes. I do feel we are listened to." Staff said they found the registered manager approachable and supportive. The registered manager told us that staff had engaged well in the change and a staff recognition scheme had been introduced with an employee of the month award.

Relatives were positive about the staff team and the way they worked together. One relative told us, "It's the staff that really make it. They have a real enthusiasm for working there." Staff told us they worked well together and we observed there was good communication throughout the inspection between the staff present. One person told us, "We are a really strong staff team. We support each other and work well together." Another staff member told us, "There are good senior staff here to emulate and follow their

example. There is good team work and good communication between us." There were daily handover and regular staff meetings to encourage consistency and team work.

Staff carried our regular daily and weekly audits across a range of areas such as people's finances, medicines, and health and safety checks. The registered manager carried out a separate monthly house audit to check on these audits and ensure the quality of the service. Where issues were identified such as maintenance problems or a check not being completed these were identified and promptly resolved. The registered manager told us that they had identified with the provider areas that had needed action when they had started at the service, for example, the recruitment records which they had now addressed. The provider's representative told us they carried out their own separate audits for example they had identified that staff training was out of date in some areas and this was being addressed. A health and safety audit was to be completed later in the month. An action plan was drawn up following audits and any actions identified were resolved.