Diagrama Healthcare Services Limited

Cabrini House 3 (Diagrama Healthcare)

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 unannounced inspection took place on 7 December 2018. At our last inspection on 6 and 8 June 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Cabrini House 3 is one of three small separate care homes run by the provider in the same road that provides accommodation care and support to eight people with learning difficulties. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both aspects were looked at during this inspection. At the time of the inspection there were eight people living at the home.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. So that people with learning disabilities and autism using the service can live as ordinary a life as any citizen
The service had a registered manager. They were aware of their responsibilities and had submitted notifications as required. They were aware of their legal requirement to display their current CQC rating which we saw was on display at the service and on the provider's website.

At the inspection we found systems to monitor the quality of the service were being reviewed and changed following a recommendation in our recent inspection report about one of the other homes.

There were enough staff at the service to meet people's needs. Effective and safe recruitment processes had been established. The environment had been adapted to meet people's needs. Staff received sufficient training supervision and support to meet their responsibilities and carry out their roles.

Safeguarding procedures continued to protect people from the risk of abuse or neglect. Staff were knowledgeable about different types of abuse and who to report any concerns to. There were processes in place to respond to accidents and incidents and identify learning. Individual risks to people were assessed and written guidance provided to staff to reduce the likelihood of these risks occurring. Medicines remained safely managed. The service was clean and staff understood how to reduce the risk of infections.

People's needs were assessed in partnership with people, their families and health and social care professionals where relevant before they started at the service.

Staff understood their responsibilities under MCA 2005. 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 support this practice.

People's dietary needs were met. The service worked with health and social care professionals to help maintain the health of people they supported. The service supported people when they used other services through regular communication to ensure their care and support needs were well coordinated.

People and relatives told us staff treated people with kindness and care. Staff respected people's individuality and promoted their independence. People were involved as far as possible in decisions about their care and staff treated them with dignity and respect.

People's diverse needs were respected and supported. People received support that was personalised to their needs. Information was available to people in a range of accessible formats. People and their relatives knew how to complain about the service should they need to.

People were supported to engage in the community, gain employment, learn new skills and in activities that they enjoyed for their well-being. People were supported to socialise, and maintain relationships.

Relatives, staff and professionals were positive about the management of the service. There was a clear ethos of providing good quality person centred care at the service. There was a system of audits carried out by staff and the registered manager to monitor the quality of the care provided and ensure any issues were identified and addressed.

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

Cabrini House 3 (Diagrama Healthcare)

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 unannounced inspection was carried out by a single inspector and took place on 7 December 2018. Before the inspection we reviewed the Provider Information Return (PIR). This is information that providers are asked to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information we have about the home such as notifications. A notification is information about important events the provider is required to send to us by law. We also contacted health and social care professionals and local authority commissioners for their views. We used this to inform our inspection planning.

During the inspection we spoke with the eight people using the service, two care workers, two care coordinators and the registered manager. Some people using the service could not express their views fully about the support they received; so, we spent time observing the care and support provided and checked this matched with guidance in their care plan. We observed the staff handover meeting.

We looked at two care plans and other records related to the running of the service such as environmental checks, minutes of meetings and audits. After the inspection we spoke with six relatives by phone to find out their views about the service.

Good

Is the service safe?

Our findings

People continued to tell us they felt safe from the risk of harm, neglect bullying or discrimination. One person said, "It's always safe here." Another person commented, "It's safe here alright. The staff keep it safe. I like the staff." Relatives told us they had no concerns about their family member's safety; one relative remarked, "I am quite sure, [my family member] is safe there."

Staff received regular refresher training in relation to safeguarding. They understood the kinds of possible harm or abuse that could occur and their responsibilities under safeguarding processes. They were familiar with the provider's whistleblowing policy and what to do if they had concerns. The registered manager understood their role in relation to safeguarding. There had been no safeguarding alerts raised since the last inspection.

The service looked to learn from safeguarding, any errors or accidents. The registered manager told us the provider tracked any safeguarding alerts to check for any patterns and identify any learning. These were discussed at staff meetings and at monthly manager's meetings. Any medicines errors, or near misses were tracked and discussed with individual staff members in supervision and in team meetings. For example, we saw learning from one safeguarding issue at another location had been shared to ensure staff carried identity cards when they were out.

Risks to people were assessed and guidance was in place for staff to reduce the likelihood of risks occurring. Possible risks to people, for example, in relation to their health, mobility or emotional and behavioural needs were identified before they joined the service and these were assessed and guidance was put in place to reduce possible risks occurring. For example, where one person managed their own medicines this had been assessed and risks minimised in relation to storage and administration. People were supported to manage aspects of their finances safely.

Risk assessments were reviewed regularly to ensure they reflected current risks. Relatives told us they thought the service kept a good balance between ensuring people's safety and allowing them positive risk taking in a safe environment. One relative said, "I think they balance safety and risks really well."

There were enough suitably experienced staff to meet people's needs. People told us they thought there were sufficient staff available. One person said, "There are always staff around to help." Relatives told us they thought there were enough staff when they visited the service.

The registered manager told us staffing levels were varied to meet the needs of the people at the service and there was an additional staff member who floated between the provider's services. Care coordinators worked across the three homes on a daily basis to provide additional support and leadership. Agency staff were used at times to cover some shifts and staff sickness. The service tried to use the same agency staff wherever possible. There were no agency staff working on the day of the inspection. We found people were supported in a timely way throughout the day, with staff available to support people with shopping their daily routine and activities of their choice and, attend health appointments. The provider and registered

manager continued to operate effective and safe recruitment checks to reduce the risk of employing unsuitable staff.

Medicines continued to be safely managed, administered and stored. People's medicines were reviewed annually or sooner if there was an issue to ensure their health needs were met. Medicines administration records (MAR's) were up to date with no gaps and contained important information such as allergy warnings. There was a system to manage medicines when people went on leave. Care coordinators audited the MAR's on a regular basis to identify any medicines errors promptly and take any action needed.

We saw where staff had made an error this was discussed in supervision to improve staff performance and at team meetings to address any learning. Staff received training on the administration of medicines and competency assessments were also conducted to ensure they could carry out this role safely.

Possible risks from infection continued to be monitored and minimised. The home was clean throughout. People were encouraged and supported where needed to keep their own rooms tidy and clean and share responsibility for keeping the communal areas clean. Relatives told us the home was always clean when they visited.

Staff received training on infection control and knew how to prevent and reduce the risk of infection. We observed people were encouraged to use the hand-washing facilities before food preparation and staff told us there was personal protective equipment available when needed to reduce the risk of infection. Fridge temperatures were monitored to reduce risk and food was date labelled and wrapped to reduce risks.

Good

Is the service effective?

Our findings

Prior to coming to live at the service people's their needs were assessed using best practice guidance in relation to learning disabilities and autism such as from NICE (National Institute for Health and Care Excellence) to understand how to best meet people's needs. Assessments included physical and mental health, behaviour, eating and drinking, socialising, accessing community facilities, personal care and the use of any necessary equipment for example auditory aids where people's hearing was limited.

Staff told us they were supported to gain appropriate knowledge and skills to meet the needs of the people they supported. One staff member said, "There is plenty of support and training here." The induction followed the care certificate, the standard set for workers new to health and social care; combined with a period of shadowing established staff to ensure new staff understood their role. Staff received regular training on a range of subjects relevant to the support they offered and to people's needs such as epilepsy training. One staff member told us how their development was being supported through a management development programme and external courses in health and social care.

Staff continued to receive regular supervision and annual appraisals. These included a discussion of previous identified actions agreed as well as opportunities to reflect and learn about practice and consider developmental needs.

People were supported to meet their nutritional needs. People told us they were supported to choose the food they ate and cook 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 required support to express their views verbally about the food they wanted, they were offered a visual display to select from. During the inspection some people were supported to plan and shop for their meals. Care plans continued to detail any dietary requirements or risks. Guidance was provided to staff in relation to possible choking risks. People's weight was monitored regularly to identify any concerns. Staff told us people's cultural needs in respect of food choices could be catered for.

Daily handover meetings between staff discussed people's needs and alerted staff to any changes to aid consistency. Staff supported people to use other services through effective communication with colleges or day centres people attended to ensure people's needs were met.

People were supported to access healthcare services such as the GP or dentist to maintain their health. One person told us, "I love going to the dentist. It helps look after my teeth." A relative said, "They are very reliable about keeping health appointments and filling me in." Care records contained feedback from health care professionals and this information was added to people's care plans to ensure they reflected people's current needs. People also had a communication passport to support communication about their needs to hospital staff when needed.

People's rights in relation to consent were protected. 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 with appropriate legal authority. 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 their consent was sought before they received support. One person said, "Staff always ask me first what I want to do." We observed this to be the case at the inspection. Staff understood the importance of asking for consent. Staff told us most people had capacity to make day to day decisions. Where people were assessed as lacking capacity to make a decision, best interest meetings would be held with relevant people. Support from an independent mental capacity advocate was sought appropriately. DoLS applications had been appropriately made to protect people's safety and were reviewed when needed; any conditions were also complied with.

The environment was suitably maintained and adapted for people's needs. People told us how they had personalised their rooms and chosen colour schemes and furnishings. There were accessible toilets and bathrooms or showers and some rooms had an en-suite shower. 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 to aid group cooking and a garden which people told us they enjoyed in the warmer weather.

Good

Is the service caring?

Our findings

People were positive about the support they received from staff. They told us staff were kind and considerate. One person said, "The staff are good. I like the staff." Another person told us, "I do like to be advised by the staff here, they are really helpful." Relatives all commented that the staff were kind and they thought their family members were happy living at the service. One relative said, "As always it is wonderful, I can't fault the staff." Another relative commented, their family member, "Seems very happy there. The staff are always so warm and encouraging." We observed people engaged with staff easily and staff interacted with people in a calm and sensitive manner.

Some of the people at the home had lived there for several years and so they were familiar with each other and long-standing staff. Two relatives told us they were happy with the service but felt the turnover of staff had been unsettling at times for people. We discussed this with the registered manager who told us there had been some recent changes as some staff had gone to seek further training.

People told us staff spoke with them respectfully and protected their dignity by knocking on their bedroom doors before they entered. Staff continued to show an awareness of the importance of dignity and respect and the importance of confidentiality about people's information.

We found care plans included information about people's likes, dislikes and backgrounds. This enabled new staff to understand the people they supported more. People were provided with a service user handbook with information about the home. This was available in a range of formats to aid understanding. People's communication needs were identified and assessed as part of their care plan and communication plans detailed how staff could communicate effectively with people and any trigger signs that might indicate distress or anxiety.

People told us they were encouraged to make choices and decisions around their daily routine. Relatives told us they were kept informed about any changes to people's support needs. One relative said, "We are always kept in the loop, there is good communication." We observed staff consulted with people about how they spent their day and discussed options when people were unsure. 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. Staff were aware and sensitive to people's moods and factors influencing their changing moods and offered support discreetly where this was needed. We observed that people were encouraged to be as independent as possible, for example, in preparing their meals and doing their washing. People were supported to manage their own medicines or other aspects of their care safely.

Relatives told us people were supported to stay in contact with their family using appropriate technology. Where needed staff would support people to use the phone or face time to keep in contact with relatives.

Good

Is the service responsive?

Our findings

People had care plans that explained the care and support they needed and provided guidance for staff about their preferred routines, preferences and dislikes. For example, one person was recorded as known to dislike dogs. Plans we reviewed were up to date and reflective of people's current needs. People also had personal goals they were working towards with the support of their key worker. A key worker is a particular staff member chosen to work with people individually. Care plans were reviewed regularly to ensure they were accurate. Relatives confirmed they were invited to participate in review meetings. Staff were aware of the details in people's care plans and their preferences in the way they received support. Any changes were also discussed at the daily handover meeting to ensure everybody was informed.

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 challenges where this was needed. PBS is a way of working with people who may display behaviour that may challenge, to work with them on their triggers in a positive way.

People's diverse protected needs and characteristics under the Equality Act 2010 were considered and addressed. People were supported to attend places of worship in accordance with their wishes. Staff told us people's cultural needs were respected in relation to their diet or care routine. Staff told us they celebrated and enjoyed the foods of other cultures on occasions to increase people's awareness and appreciation of other cultures. There was nobody from another culture at the service at the inspection but staff told us people could be supported to enjoy food from their culture where this was their choice. Where people had needs in relation to any disability these had been assessed and suitable equipment sourced. For example, hearing aids and suitable fire alert systems.

Information was displayed around the home for people in accessible formats to meet people's varied communication needs. For example, information about how to raise concerns was displayed to aid understanding and other records such as care passports were also in an easy read format. Where people used sign language this was supported through a poster of a daily sign reminder to help refresh staff and people's knowledge. The service therefore met its responsibilities under the Accessible Information Standard. This standard requires services to identify, record, share and meet people's information and communication needs.

People told us they had enough to do and were supported to enjoy a range of activities. People had activity planners to help plan their routines and ensure they were stimulated and their need for sociability were met. Some people at the service had been supported to find jobs and others were supported in looking for employment. People's independence was encouraged through travel training to learn to travel independently where this was appropriate. Other people worked in a voluntary capacity or attended college or day centres to build on their skills and they attended a local club some evenings. People were also encouraged to take regular exercise through a range of activities including the gym and sailing and other past times such as playing a musical instrument. One person was taking part in rehearsals for a local dance production; other people were involved in a college drama production. A relative remarked, "I am delighted

with how [my family member] has blossomed there and their confidence developed."

The complaints process remained effective. People and their relatives told us they had not needed to complain and would speak to staff if they were unhappy. Relatives told us they knew how to complain if needed and were confident any issues would be addressed.

People and their families had been consulted about their wishes and preferences for care at the end of their lives. Where appropriate an independent mental capacity advocate (IMCA) was consulted to better ascertain people's wishes. No one was in receipt of end of life care at this inspection. The service supported people with bereavement and arranged counselling where appropriate. One relative said, "They have been absolutely terrific and supportive with this to [my family member] and me in our loss."

Good

Is the service well-led?

Our findings

People told us they know and liked the registered manager and their relatives said they thought the service continued to be well managed. One relative remarked, "From our point of view it is well managed and geared for the people living there. We are very happy." A recent report from a local authority who commissions the service was positive and told us they thought the home was well run.

There was a registered manger in place who had been registered manager of the service since 2016. 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. They understood their responsibilities of being a registered manager and displaying the rating for the service. They had submitted notifications to us when required.

A range of weekly and monthly medicines audits, care plan audits and a health and safety audit were completed to monitor the quality of the service and identify any issues. The provider was also accredited under ISO9000 which is a system of quality management standards. The registered manager had monthly meetings with the provider where any safeguarding, accidents or incidents were discussed and learning considered. The chief operations officer carried out monthly visits to the service. The provider was in the process of establishing further quality monitoring checks following a recommendation from a recent inspection at one of the provider's other services in the same road.

Staff told us that the provider and manager promoted a culture of ensuring people at the service led fulfilling lives and were treated with dignity. They told us the manager was approachable and listened to their views. They said the staff team worked well together and this was supported through handover meetings. There were regular staff meetings and we saw these discussed the provider's values of appreciating people's uniqueness, being non-judgmental open and striving for excellence. Staff meetings were occasionally attended by the provider's representatives.

Relatives told us they were kept informed about the service through a regular newsletter and invited to attend a number of events during the year. There were house meetings where people were given opportunities to express their views about the service. People and their relatives' views were also sought using comments boxes and an annual survey. Any areas of learning were shared with people and their families. The registered manager told us that in response to feedback about staff changes they had included an update in the newsletter and included photos of staff to help relatives identify them more easily. Contributions to questions for future surveys were also requested. Relatives told us they received a regular newsletter with updates about the home and were invited to attend provider social events throughout the year.

There was an effective working partnership with health and social care professionals. Staff liaised effectively to promote people's needs and rights for example in relation to best interests' decisions and the appointment of advocates and independent mental capacity advocates (IMCA's).

The registered manager and provider looked to continually improve the service. An intervention manager had recently been employed to work with staff to encourage them to further empower and enable people at the service to engage as actively in the community as possible using personal goals. The chief executive had visited and spoken with staff about their vision for the service to encourage staff commitment to changes.