

# Durnford Society Limited (The) The Durnford Society Limited - 31 Parkstone Lane

## Inspection report

31 Parkstone Lane  
Plympton  
Plymouth  
Devon  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Durnford Society Limited - 31 Parkstone Lane is a residential care service that provides personal care and support for up to 4 adults with learning difficulties and or autism. At the time of our inspection 4 people were living at the service.

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

**Right Support:** 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. The model of care at The Durnford Society maximised people's choice, control and independence. Staff were committed to supporting people in line with their preferences and supported people to receive their medicines safely and as prescribed. People were enabled to access health and social care support in the community.

**Right Care:** Risks associated with people's care were assessed and included in their support plans. Care records guided staff on the action they were to take to mitigate risks to people and themselves.

**Right Culture:** The registered manager and staff were clear about their aim of providing person-centred care. They had a good knowledge of the service and understood the needs of people they supported. Staff supported people to lead confident, inclusive and empowered lives.

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 (published 29 December 2017)

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Durnford Society Limited - 31 Parkstone Lane on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# The Durnford Society Limited - 31 Parkstone Lane

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

The Durnford Society is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Durnford Society Limited - 31 Parkstone Lane is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person and 1 relative of a person who used the service. We spoke with the registered manager, deputy manager, 4 staff and 2 healthcare professionals. We reviewed a range of records. This included 3 people's care records, medicine records and a variety of records relating to the management of the service including audits, meetings, policies and procedures. We also looked at 4 recruitment and supervision files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives and healthcare professionals we spoke with told us they felt people were safe. Comments included: "Staff are not allowed to do specific tasks unless they are trained and signed off to do so", "It's absolutely brilliant, they are hot on training, approachable and look out for people" and "We are so grateful for this service, (person) is well looked after".
- People experienced care in a safe environment because staff were aware of how to safeguard people from avoidable harm and were knowledgeable about signs of potential abuse.
- Staff were able to describe the process for reporting concerns both within the service and externally, if required. One staff member told us, "I would talk to my manager, if it implied the manager, I would notify safeguarding. Another staff member told us, "I can go straight to safeguarding if I need to".

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- People's care plans contained risk assessments, which included risks associated with behaviours that may challenge others, medication, epilepsy, environment and emotional wellbeing.
- Risk assessments guided staff on the action to take if a person became unwell and what measures needed to be in place to mitigate the risks associated with people's individual care needs.
- Systems were in place to protect people against the risk of untoward incidents. For example, people had personal evacuation plans in place to support staff to evacuate or keep people safe in the event of an untoward incident or an emergency such as a fire.
- Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- Incidents were documented and escalated promptly to the registered manager, provider or other relevant agencies to ensure people continually received safe and effective care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We assume capacity until proven otherwise".
- People were supported in line with the principles of the MCA. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

## Staffing and recruitment

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. We saw that staffing levels were reviewed regularly by the management team.
- Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they were employed for.

## Using medicines safely

- People received their medicine as prescribed and the service had safe medicine administration systems in place.
- There was accurate recording of the administration of medicines. Medicine administration records were completed to show when medication had been given.
- Staff were trained to administer medicines and received regular checks by the registered manager to ensure they followed correct procedures. One staff member told us, "We have a competency check where we are witnessed and observed so we are doing the right procedures".

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
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# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives, staff and healthcare professionals told us the home was well-led, open and honest. Comments included "(Registered manager) is absolutely exemplary, the communication is great, and the culture is great and it's all because of (registered manager)", "It's consistently good they are so passionate. They are very responsive but also very proactive, they do everything in a evidenced based, best practice way", "They've got it right, it's person centred for people and staff" and "We are so grateful, (person) is so happy and we are delighted, we are encouraged to visit and communicate as often as we want. I can't praise them enough".

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- The registered manager was supported by a knowledgeable deputy manager and an area governance manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. This included regular audits of the environment, health and safety, medicines management and care records.
- Results of audits were used by the registered manager and deputy manager to develop and enhance the performance of staff and systems, to help drive improvements in the service.
- A recent audit of people's care records identified missing information in relation to a person's specific care needs which was identified and rectified by the leadership team.
- Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

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

characteristics, working in partnership with others

- It was clear from our observations that people knew the leadership team, who demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs and personal circumstances.
- People were given opportunities to contribute feedback and ideas regarding the running of the service. During our inspection it was clearly evident that people had been involved in the way they wanted their personal spaces and parts of the service to be.
- We observed the leadership team getting involved in the day to day running of the service. Staff told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- The service encouraged open communication between the staff team. A staff member told us, "We have regular meetings, and the office door is always open. We also have performance development reviews where we can give feedback on how we feel things are going". We viewed the team meeting minutes, which showed that staff had regularly met to discuss people's individual needs and to share their experiences.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.
- Systems were in place to ensure timely referrals could be made to healthcare professionals. Where professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.
- The service worked closely with healthcare professionals from a wide range of healthcare and social care professionals, to ensure that people received continuity in their care. A healthcare professional we spoke with told us, "I have always felt listened to, they are totally responsive to our recommendations. They always keep me informed and they have a great repour with everyone".