

# Care Management Group Limited

# Durlston Lodge

## Inspection report

115c Hilperton Road  
Trowbridge  
Wiltshire  
BA14 7JJ

Tel: 01225719263  
Website: [www.achievetogether.co.uk](http://www.achievetogether.co.uk)

Date of inspection visit:  
12 December 2019  
16 December 2019

Date of publication:  
29 January 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Durlston Lodge is a residential care home providing personal care to five people with autism and learning disabilities.

The home is located within walking distance from the local community. Each person had their own bathroom. One person had a self-contained living space, with their own lounge area. There were communal living and dining spaces, a sensory room and garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Since the last inspection, the management team had conducted thorough quality audits and monitoring of the service. A quality improvement plan had been created, with clear timescales for improvements to take place.

Further improvements were needed in reviewing and updating people's mental capacity assessments and best interest decisions. People were supported to have control and choice of their lives and staff supported them in the least restrictive way possible. However, the assessments and records in the service did not consistently support this practice.

There were staff vacancies, however work was taking place to actively recruit into these roles. While recruitment was ongoing, there had been improvements in the consistency of agency or temporary staff. Staff were recruited following safe recruitment processes.

People were supported to receive safe care. There were risk assessments in place and staff had received safeguarding training. People's medicines were stored safely and administered by trained staff.

There was engagement with the community and a broad range of social activities took place. Records showed people consistently took part in activities based around their hobbies and interests. People also went on holiday.

People's relatives were welcomed to visit when they wanted to. People were supported to regularly attend home visits.

There was a choice of different food and drink. There was a large kitchen and people were supported where possible to take part in preparing food or drinks.

People's bedrooms were personalised. They were painted in people's preferred colours, and had pictures or items displayed which they wanted to have in their bedroom.

Support plans and records were regularly reviewed. People and their relatives participated in these and attended review meetings. The support plans reflected people's up to date support needs.

We observed positive interactions between people and staff. The care observed showed the staff knew the person and their support needs well.

There had been changes in the management structure at the home. However, there were plans in place to promote consistency during the changeover in home manager. The management team were clear about their roles and were promoting a culture of person-centred care and support.

The service applied the principles and values Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 (and update)

The last rating for this service was requires improvement (published 18 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Durlston Lodge 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Durlston Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held and had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we planned our inspection and made the judgements in this report.

#### During the inspection

We observed interactions between staff and three people. We spoke with four people's relatives and with

five members of staff. These included, support workers, the manager, the regional manager and the quality manager. We looked at support plans and records for five people, including medicine records and daily notes. We also reviewed records and information relating to the management of the home.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family members were supported safely.
- There were systems and processes in place to protect people from the risk of harm and abuse. These included a safeguarding policy and discussing safeguarding in staff meetings.
- People were supported by staff who had received safeguarding training. Staff were aware of the provider's whistle-blowing policy and explained they could also report their concerns to CQC or the local authority. Whistle-blowing is the act of speaking out about poor care.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been identified and assessed. There were risk assessments in place for risks associated with the home and community. Risk assessments included risk reducing measures for staff to follow, to reduce the likelihood of the risk happening.
- Quality audits were completed regularly to monitor the safety of the service. These were reviewed by the management team, with any actions then added to the quality improvement plan.

Staffing and recruitment

- We received mixed feedback from people's relatives about the impact of staffing at the home. Three people's relatives felt there was a shortage of permanent staff. Two people's relatives felt where possible, their family member had been supported by a consistent staff team.
- While recruiting for new staff, the home was supported by agency and 'Service Support Team' (SST) staff. The SST staff were employed by the provider and supported different homes with staffing shortfalls or projects. Permanent staff recognised there had been improved working relationships with the agency and SST staff.
- The manager told us the staff were rostered based on their experience of having supported the person. They explained staff who were new to the home would support as a second team member for one person who received support from two staff.
- The home had successfully appointed five new staff members and had five more vacancies advertised. The new staff were awaiting employment and background checks, or confirmation of accepting the position.
- New staff were recruited subject to successful application and interview, also checks of their work history, and Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Using medicines safely

- Medicines were managed safely. People were supported by medicines trained staff.
- People had medicines protocols in place. These contained guidelines for staff around people's specific routines for taking their medicines or having prescribed creams applied.
- Medicines were stored securely, there were regular audits and stock checks completed.
- Records of medicines administration were well-maintained and reflected which medicines people had received.

#### Preventing and controlling infection

- The home was clean throughout. There were cleaning schedules for staff.
- People were supported to participate in household activities, such as tidying their bedrooms.
- There were two areas of the home where odours were present. Following feedback, the management team requested quotations for changes in flooring to address the odour.

#### Learning lessons when things go wrong

- Lessons learned from other services had been applied to the improvement plans for Durlston Lodge. These included changes to the way staff were rostered and the relationships with the agency and SST staff. This was to ensure people were being supported by staff who had worked with them before.
- The management team wanted to promote in the culture of the home, learning lessons from when things go wrong. The regional manager explained, "We need to reflect when things go wrong. It is not about blaming, but about getting it right and learning."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent and contribute to monthly review meetings had been assessed, but the outcomes of these assessments were not always followed. For one person, they had been assessed as lacking capacity in 2016 to consent and be part of the meetings. The best interest decision was that staff would complete the reviews on their behalf. However, reviews continued to take place with the person. The reviews also used trigger words which had been identified as causing the person to say "no". Consideration had not been given to making the reviews reflect the person's support plan.
- The same person had a media consent form in place, but it was not clear how their capacity to consent to the decision had been assessed. The form included potentially confusing terminology such as, 'I hereby assign any rights I may have in photographs. [...] and waive any "moral rights" I may have to complain about the way in which [the provider] may edit, alter or use these materials.' There was no evidence of how the person had been supported to understand what was being consented to. It was also unclear who had signed the consent form. We saw the person's photograph and information about them had been used on the provider's website. This was despite the lack of clarity in obtaining their consent.
- The provider's quality audits had identified most areas where improvements were needed in the assessments of people's capacity. The management team were responsive to our additional findings and added these to their action plan. They had arranged meetings with people's families and representatives from their funding authorities. The meetings were to review and update the assessments of people's mental

capacity. There were clear plans in place to address the shortfalls.

- Where people had been assessed as lacking capacity to consent to their care, a DoLS application was made to the local authority. These applications had been reviewed and updated.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At the last inspection, we found people's support plans were not regularly reviewed or updated when their needs changed. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvements had been made to address the breach.

- People's support plans reflected their day to day care and support needs had been assessed.
- When people's care needs or choices changed, staff were encouraged to add these to the support plans, to ensure they stayed up to date.
- The service was working with the relevant funding authorities to review people's care and ensure they continued to meet their needs.

Staff support: induction, training, skills and experience

At the last inspection, we found people were being supported by staff who were not up to date with their training. This had been identified in the regional manager audits but no actions were put in place to address the shortfall. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvements had been made to address the breach.

- People were supported by staff who had received training to meet people's needs.
- Staff completed face-to-face and online training. Staff told us they felt they could ask for more training if needed. Staff told us they found the face-to-face training beneficial and preferred this to the online learning.
- New staff would be required to complete a company induction and would shadow a more experienced staff member until confident in their role.
- Staff received regular supervision meetings with the manager or senior support worker. In these meetings staff could discuss their development and any areas for additional support.
- There were plans for training support to be implemented around the MCA. The regional manager explained this had been identified as an area for improvement at the home. They wanted to ensure staff were confident in this aspect of their role.

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

At the last inspection, we found people's care records reflected health care concerns, but did not include what action had been taken by staff. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvements had been made to address the breach.

- People were supported to access a range of health and social care professionals. These included psychologists, GP's, dentists and opticians. Records were well-maintained to show any correspondence and guidance received.
- When people were unwell, the staff responded promptly and sought medical advice or interventions. Staff

understood and supported people with their specific health care needs.

- There were regular medicine reviews to ensure people were receiving the right medicines. One person's relative told us they felt the staff recognised even small changes medicines had on their family member and were quick to seek professional guidance.
- People's weights and skin integrity were monitored to ensure they maintained their health. Records were kept of any wounds or injuries to document how well they were healing.
- There were hospital passports in place. These were to be used if people were admitted to hospital. The passports included information about the person's communication, their preferences, as well as their important health and social care needs.

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

- People were involved where possible in preparing their meals. We observed one person being supported towards the end of a baking activity.
- People were encouraged to choose their evening meals based on visual menu choices.
- One person was supported with specific dietary requirements linked to their health care needs. Their relative told us the person was supported to have a healthy diet.
- Records of people's food and drink were mostly well maintained. The records reflected people had been supported to eat and drink enough.

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

- People's bedrooms were personalised and designed to meet their needs.
- There was a sensory room, which had been developed since the last inspection. Records showed people were benefitting from using this and it had contributed to reduced anxiety.
- Since the last inspection some areas of the home had been redecorated. Following this inspection, we were advised quotes had been obtained to replace the flooring in two rooms.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were trained in understanding equality and diversity.
- The provider introduced a review of the service which included evaluating how well supported people were with their sexuality, identity and relationships. The service had scored well for the support they provided.
- People's relatives were kept up to date of what their family member had been doing during the week. Some relatives preferred to receive this information by email and others had a phone call. People's relatives felt they were welcomed to visit the home whenever they wished to.
- People were well treated and supported. We received positive feedback about the regular staff team. One person's relative said the staff were "phenomenal" and "I can't speak highly enough of them."

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

- People and their relatives participated where possible in reviews and decisions about their care. Photographs from a review meeting for one person, showed they were actively involved. They chose who they wanted to have attend the review and where each person would sit.
- We received positive feedback from people's relatives about how well staff knew their family member. They told us their family members felt comfortable with the staff who supported them.
- People had staff assigned to them as a key-worker. Staff told us key-workers ensure the support plans and documentation were kept up to date. Also, to check people have access to everything they need, such as social opportunities and communication aids.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to build independence and some activities were based around developing their skills. We saw one person had been involved in baking. People had been on holidays. Another person had been supported to visit a new place of interest, which had been a big achievement for them.
- People could choose where they wanted to spend their time in the home. We saw people in the lounge and kitchen areas.
- Staff respected people's privacy and supported them with dignity. They understood people may wish to spend time without company and staff respected their privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's relatives knew their family member had a support plan in place. They felt the plans were kept up to date and reflected their family member's needs and preferences.
- The support plans were broken down into different sections, with clear guidance for staff to follow when supporting a person. Precision and set routines can be very important for people with autism and the plans reflected this. For example, in one person's support plan there was guidance for staff around exactly how a person's medicines should be given, this included where the staff member should stand.

Meeting people's communication needs

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

- The home received support from communications specialists who worked for the provider. They worked on projects around social stories and other communication aids to help meet people's communication needs. Social stories can be used for example in explaining with relatable pictures, the steps involved in an activity.
- One person had an electronic system which they could use to make choices, based on their physical movement rather than verbal communication. The staff team supported the person to use this when they wished and engaged the person in using the resource. The person's relative told us the communication support had helped the person to develop much clearer communication overall.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records showed people were regularly engaging with the local community, but also socialising at home. We saw photographs of a sensory disco which took place at the home. People had personalised t-shirts, dressed up and the living room was decorated.
- The home supported people to participate in a broad range of activities, based on people's interests and what they wanted to do. These included horse riding, swimming, eating out and going to the cinema. For one person, they had previously enjoyed horse riding but had stopped and showed anxiety about the activity. The staff team looked at alternatives and introduced the person to riding in a carriage pulled by a horse. The person enjoyed the carriage rides and had reduced anxiety, while still being able to participate in their hobby.
- People and their relatives were supported to maintain relationships with one another. People were

regularly supported for home visits. One person had also been supported to attend their family member's wedding. Their relative told us how happy they were with the person being able to attend and participate in the day. They said, "They have helped her to evolve into a very different young lady, to progress to where she is now is amazing." People's relatives were also invited to join their family member for a meal cooked at the home.

#### Improving care quality in response to complaints or concerns

- Each relative we spoke with told us they would feel comfortable raising complaints if they had any. They felt the manager would resolve any concerns promptly.
- Relatives who had previously raised complaints advised us they were happy with how these had been acted upon. They felt improvements were made following any concerns being brought to the attention of the manager.

#### End of life care and support

- People had been supported to understand the passing of family members. We saw evidence of the positive impact of social stories which had been personalised to include the person's favourite characters. The characters talked through what had happened.
- The service was not supporting anyone to receive end of life care at the time of the inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- At the last inspection, there had been shortfalls in care plan reviews and ensuring information was up to date, particularly for agency and temporary staff. This affected how person-centred the service could be in working towards good outcomes for people. Although there were ongoing staff vacancies, we saw positive interactions between people and temporary staff. The care observed reflected what was written in the person's care plan, which showed the plans were up to date. There had also been an improvement in how consistent the temporary staff were and how well they knew people.
- We saw photographs and records of people achieving good outcomes. These were personal to the person. People's relatives and the staff team spoke with pride about these achievements.
- The management team had a positive perspective, and this helped to promote a person-centred culture at the home.

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 management team understood their responsibility to act upon the duty of candour in the event of something going wrong. They notified CQC or the local authority when needed.
- Records showed when things had gone wrong, there had been open communication with the person's relatives. There had been lessons learned and these were shared with the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, we found the impact of staffing shortfalls were affecting the manager's ability to fully be effective in leading the home. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvements had been made to address the breach.

- The registered manager at the previous inspection had de-registered. A new manager was in the process of being recruited for. Once appointed, the existing manager would then become the deputy. This ensured consistency in the management of the home during the transitional period. This would also help to promote stability while the new manager settled into their role.
- The provider had ensured managerial support was given to the home. This included a regional manager

and quality manager who were present at the home on a regular and consistent basis. A newly appointed senior staff member had joined the team. They had experience of previously working at the home and had been supporting other services before returning. As a team, the management of the home was consistent, with clear responsibilities for each role.

- There were improvements in the managerial ethos and values. There was a much clearer focus on setting and maintaining quality standards.
- Staff continued to feel some pressure from the staffing shortfalls but felt there had overall been improvements. One staff member explained previously they had to spend a lot of time supporting agency staff, as well as the person. They told us the agency staff had been more consistent and this had helped the permanent staff to focus more on the person.

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

- People's relatives felt they could contact the home at any time. They told us they had a good relationship with the manager and staff team.
- People and their relatives took part in reviews. These were held at the home and were conducted as a group discussion, with information displayed on the wall. This helped people where possible to engage in the meeting.
- There were plans to review how people's relatives feedback was collected and what format would work best for this.
- Staff attended team meetings, to discuss what was working well, any areas for improvement, and to keep up to date about any learning or communications. Staff were also reminded about the whistle-blowing procedures and how to raise any concerns.
- Staff were invited to share their views about the service in an online survey.

Continuous learning and improving care; working in partnership with others

At the last inspection, we found there were ineffective quality monitoring systems in place. The manager was not always aware of shortfalls and planned actions were not being completed. The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvements had been made to address the breach.

- The management team had a robust action plan in place, which had been created following audits from different managers or quality team members. The action plan also included learning from shortfalls found in other services. There were realistic dates planned for the actions to be completed and there was work actively taking place to achieve these targets.
- Records showed the manager had been in contact with people's families following the last inspection. They had invited them to attend reviews of the documentation in place about people's care and support needs.
- The rostering and scheduling of staff had improved, to promote consistency where possible. This helped people to mostly receive care and support from staff who knew them and had worked with them before.
- There was good partnership working and the home was supported by staff from the provider who had skills in different areas. These included communication specialists, quality managers, and lead's in the service support team. There was a culture of learning from one another.
- The area manager told us they felt there had been improved team work at the home and the manager had developed their confidence in leading the team. They said, "I am extremely proud of what has been achieved. There have been many bumps in the road to get us here. I am also proud of the staff. They deal with everything so well. There is a plan and we are progressing. The manager is engaging and sharing good



practice with the team."