

Achieve Together Limited

Durlston Lodge

Inspection report

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Date of inspection visit:
15 September 2022
16 September 2022

Date of publication:
24 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

About the service

Durlston Lodge is a residential service providing accommodation and personal care for up to a maximum of six people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were five people using the service.

Durlston Lodge is situated near Trowbridge, in its own grounds and away from the road. It is modern and well presented both internally and externally. There is room for the people who live there to spend time together or apart as they choose.

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

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.

Right Support:

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. The provider had introduced a system of "safe staffing" which meant there was a limit to the numbers of agency staff the registered manager could use impacting people's quality of life?. Since the inspection we were told that the provider has stopped this system.

Right Care:

People were supported in a way that promoted their dignity and privacy and in a person centred way. Staff were trained in how best to support people and when needed the provider delivered person specific training. Families felt that the staff treated the people they supported with consideration and respect.

Right Culture:

The values of the manager and assistant manager were positively aligned to the ethos of ensuring autistic people lead inclusive lives. We observed staff working in a person centred way with the people they support, ensuring that they were making choices around their day to day activities wherever possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 December 2020 and this is the first inspection. The service has been inspected whilst under the management of the previous provider on 12th December 2019 and had been rated as Good

Why we inspected

The inspection was prompted by a review of the information we held about this service. 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe finding below.	Requires Improvement ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Durlston Lodge 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. Durlston Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

The inspection was unannounced. Due to the support needs of the people living at the home inspectors made a short visit to introduce themselves and to leave their pictures for staff to show to the residents. Inspectors then visited again the next day.

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 information gathered as part of monitoring activity that took place on the 15/09/2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke to the registered manager and deputy manager. We reviewed various records in relation to the running of the service including three people's care plans, medication management, audits and checks. We spoke to one family member. Some of the people were not able to communicate with us, so we spent time observing them in their home and their interactions with staff. After the inspection reviewed records relating to the management of the service and spoke to three members of staff, three family members and one professional who work with the people living at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people were not always safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels at times were such that there was a reduction in the choices for people in the activities they could do.
- We spoke to the manager, the assistant manager and a member of staff who all shared that recruitment and retention of staff is an issue. This meant that, at times the service was not able to deliver the commissioned hours of support that it should, resulting in people not always being able to do their chosen activities.
- We spoke to two family members who said that the lack of staff can be an issue. One family member said that the lack of drivers limited what people could do, however the other family member said the lack of staff had no negative impact on their loved one.
- We spoke to the local authority who told us that they have been made aware of the issue of staffing shortages and the impact this had on the people they support. The provider and the local authority are working together to address this.
- Since the inspection we were made aware that the provider has increased the rates of pay for employees to increase their workforce.
- We reviewed the recruitment folders for two new employees and found that recruitment was subject to a successful interview and checks on their work history.
- We saw evidence that Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We reviewed five people's medication files and found that they had details records for how, when and where people preferred to take their medication.
- We found that one person had medication that was signed for on the controlled drugs book but not on the medication administration (MAR) sheet. This meant that the provider did not have an accurate record to demonstrate people had their medicines as prescribed.
- When people were having cream applied to their skin there was a detailed protocol available for staff to refer to, but body maps were not being used. We discussed this with the registered manager, and she stated that she was planning to introduce body maps soon.

We recommend that the provider seeks advice to ensure medication records are completed in line with good practice.

- Other people were supported to safely take the medicines they were prescribed.

- Medicines that were prescribed 'as required' had clear guidance as to when they needed to be used.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from potential abuse.
- Staff were confident the management team would take action to keep people safe if they raised any concerns.
- Relatives told us they felt people were safe at Durlston Lodge. Comments included, "He feels safe there" and "When new staff have to shadow, they have three staff to learn how best to support them to ensure they are safe."

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

- We reviewed records of safety checks and we found that these were not always fully completed, for example there were gaps in the records of taps being flushed to reduce the risks of legionella.

We recommend that the manager ensures all safety checks are completed in a timely way.

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included supporting someone to access public transport and supporting someone to have regular medical treatment.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives were involved in reviews.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.
- Incidents were reviewed and actions taken to minimise further risks.

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.
- People were able to have visitors in line with government guidance.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and staff demonstrated a good understanding of the individuals living at Durlston Lodge.
- The care plans we reviewed evidenced that people's needs and choices were being respected.
- Family members we spoke to felt the support was flexible and tailored to the people's needs. One family member said, "They have done great work with them."

Staff support: induction, training, skills and experience

- People were supported by staff with the right skills, experience and training..
- Staff were supported to complete the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular training. One member of staff shared with us that they felt "Training is very good and we have regular training on all aspects of our work."

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

- People received good support to have food and drink they enjoyed.
- There was a visual menu available for people and they were supported by staff to make choices about what they wanted to eat and drink.
- We observed people accessing the kitchen and making choice about what to eat and when to eat it, they were then supported to make food they had chosen.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other agencies to meet people's needs.
- Feedback from health and social care professionals included, "The staff are professional and compassionate, organised calm and controlled. They are always prepared, and everything is well documented e.g. safe hold risk assessments and plans. They are helpful and communicate well with me."

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

- Each person living at Durlston Lodge had their own ensuite bedroom and could personalise them.
- Staff supported people to help establish what décor and colours people would like in the rooms and shared spaces.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have annual health checks with their doctor.
- Some people were engaged with specialist services and had regular reviews of their support needs.
- People could see their dentists and opticians in line with their needs.

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.
- Applications to authorise restrictions for some people had been made by the service. People's needs were kept under review and if their capacity to make decisions changed then decisions were amended.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they should follow if the person lacked capacity.
- The registered manager had a record of all DoLS applications that had been made, the outcome of the application where that was known, and a record of any conditions on the DoLS authorisations. Records demonstrated the conditions in place were being met.

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff demonstrated a clear understanding of people's needs.
- We observed people being treated with consideration and kindness.
- Comments we received from relatives include, "They [staff] were extremely supportive and caring last year, they used some tools to help [person] to try to understand what was happening" and, "They adapt the day to fit around what (person) wants."

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

- Staff ensured they communicated with people and their representatives.
- People were supported to make choices by staff who use alternative communication methods such as signing to support speech and pictorial communication. Staff observed body language as a means of communication.
- There was a regular newsletter that was sent to all the families showing what people had been doing. One family member said, "The house communicates well with me, using email and phone calls, I can contact them at any time."
- We observed pictorial communication being used to communicate with residents, for example with menu choices to ensure that people to ensure choice and control.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. We observed staff using discretion when asking people whether they needed support with their personal care.
- We observed a member of staff respecting an individual's privacy by knocking on someone's door before entering.
- We saw that confidential records were locked away when staff were not using them.
- We observed staff encouraged people to do things for themselves where possible, to enable their independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We looked at three people's care plans and found them to be detailed and reviewed and updated regularly.
- Staff understood people's needs well and this knowledge enabled them to adapt services as needed.
- Relatives told us that they felt the staff knew people well and were responsive to their needs and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication

- Staff had completed assessments on all residents and the way they communicated.
- Staff used a variety of communication systems to ensure that people could understand what was being communicated to them.
- We saw examples of pictures being used to enable people to make choices.

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

- People were supported to access their community. Although, there were times when alternative choices had to be offered due to staffing levels.
- People had support to keep in contact with family, through technology and visits to their home and visits to their family.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and the registered manager had oversight of all complaints to be able to assess them.
- The registered manager had responded appropriately to complaints received after investigating them.

End of life care and support

- Due to the nature of this service being for young adults' end of life care and support has not been addressed by the staff.

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The management team worked to ensure that the care for all people was person centred.
- During the inspection we observed staff supporting different people in a person centred way.
- Care plans reflected the wishes of the people and were reviewed and adapted as needed.
- We saw newsletters that were sent to families showing the achievements of people.

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 registered manager understood their responsibilities under the duty of candour. The provider had systems in place to ensure they were open and transparent when things went wrong.
- Incidents were reviewed by the manager and lessons learnt from them shared with the team through team meetings.

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

- The provider had quality assurance systems in place. These included reviews medicine records, support plans, care records and staff records. The management team completed observations of staff practice to assess whether staff were putting the training and guidance they had received into practice.
- The registered manager was aware of the need to notify CQC of certain important events. Records demonstrated these notifications had been submitted when necessary.

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

- We were told that the staff engaged with people using the service using a variety of communication methods.
- There was open communication between the house and family members. We spoke to relatives who said that the communication between them and the staff was good.
- Staff meetings were held regular where staff had the opportunity to be involved in discussions about the service.

Continuous learning and improving care

- We were told by the registered manager that staff accessed regular and specific training: staff told us that they felt the training was very good.

- Incidents were reviewed by the registered manager and were discussed as part of staff meetings. This helped to ensure lessons were learnt and practice changed where necessary.

Working in partnership with others

- We received positive feedback from other professionals and the local authority commissioners about the way the service engaged with them and the people they support with feedback including, "They [The registered manager and staff] are very professional and compassionate".