Care Management Group Limited

Durlston House

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

About the service
Durlston House is a residential care home providing personal care to 5 people with a diagnosis of autism and learning disabilities at the time of the inspection.

People had access to communal lounge and areas, a large garden and a sensory room. One person had a self-contained flat with a private courtyard as part of the property. The home was located in a residential area, a short car journey or walking distance of the local community.

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
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. The policies and systems in the service supported this practice. However, some mental capacity assessments and best interest decisions needed to be reviewed to include more specific information.

People were supported to be involved in decisions. People's parents were consulted with appropriately and advocacy services were used when needed. The relevant multidisciplinary professionals were consulted to review people's support, to ensure the home continued to meet their needs.

Support plans reflected people's needs, usual routines and choices, and were kept up to date in the event of any changes.

People were supported by staff who knew them well. People took part in activities and hobbies of their interest. Staff spoke with pride about supporting people to live fulfilling lives, with a good quality of community and social engagement.

People's bedrooms were personalised in colour and decoration. People's relatives confirmed people felt comfortable in their bedroom and home environments. We received positive feedback from each relative we spoke with.

Staff understood the risks to people's safety and wellbeing and knew how to reduce the likelihood of risks occurring. Risks were assessed and recorded in people's support plans. These were reviewed when needed.

Referrals were made to health and social care professionals when people's needs changed. Records showed people were supported to attend health care appointments, such as seeing the doctor, nurse and dentist.

There were enough staff available to meet people's needs, however there were some staff vacancies. There were active recruitment drives taking place. New staff were appointed subject to satisfactory employment and character background checks.

People were supported by staff who had received the right training to enable them to support people's needs. Staff felt supported by the provider and the management team.

There was a manager in post, supported by a regional manager and deputy manager. There was a good managerial oversight of the service and there were plans for continual quality improvement.

The service applied the principles and values of 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

Rating at last inspection
The rating at the last inspection was Good (published 21 April 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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 House our website at 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?

Good

The service was 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 House

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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager awaiting registration with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used information we held about the provider and details from notifications received. We spoke with five health and social care professionals for their feedback. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with relatives of two people. We observed some care and support interactions as people were not

able to share their feedback with us about living at Durlston House. We looked at records and support plans relating to four people's care. These included medicine and incident records. We spoke with six members of staff either by formal interview or informal conversation. These included the manager, regional manager, deputy manager and support workers. We also reviewed information relating to the management of the home, such as staff recruitment files and quality monitoring audits.

Good

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
- There were systems in place to help protect people from the risk of harm and abuse.
- People's parents felt confident their family members received safe care.
- People were supported by staff who had received safeguarding training.
- Staff understood their responsibility to identify and report concerns of abuse. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistle-blowing is the process of speaking out about poor practice.

Assessing risk, safety monitoring and management; learning lessons when things go wrong
- Risks to people's safety and wellbeing were identified and assessed. People had personalised risk assessments in their care plans. These included assessments relating to their individual hobbies and interests, such as swimming.
- Risk assessments were regularly reviewed and monitored to ensure the information and guidance remained up to date.
- Accidents and incidents were reported to the management team and reviewed. De-briefs took place with the staff, to discuss if there was anything which could be done better. Learning from incidents was discussed in staff supervision and team meetings.

Staffing and recruitment
- There were enough staff available to meet people's needs.
- Agency staff were used to cover staffing needs while the home recruited to fill staff vacancies. The agency staff were block-booked to help ensure consistency in how the home was staffed.
- The provider was actively recruiting at the home. Recruitment initiatives included leaflet drops and an advertisement board.
- New staff were appointed following safe recruitment processes and checks. The checks included obtaining satisfactory employment references, and disclosure and barring service (DBS) clearance. The DBS helps employers to make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Using medicines safely
- People's medicines were managed safely. We saw there was safe medicines storage, administration records, and medicines were only given to people by trained staff.
- There was personalised guidance in place for the administration of each person's medicines. This meant people had consistency in when and how their medicines were given.

● People's medicines were regularly reviewed. This ensured the medicines prescribed continued to be suitable for the person's needs.

Preventing and controlling infection

● The home was clean throughout and free from unpleasant odours.

● Staff had access to a range of different personal protective equipment to ensure good infection control. The equipment included gloves, aprons, and antibacterial hand gel.

● Infection prevention and control formed part of the audits undertaken at the service. No areas for concern had been identified in the audits.

Good

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 outstanding. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's relatives feedback confirmed this.

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 consent was sought, and staff understood how to apply the principles of the MCA to their role.
- Although staff practice complied with the MCA, the mental capacity assessments and best interest decisions needed to be reviewed. The assessments were not always decision specific and for two people we found the assessments to be vague. Following our feedback, the management team added to their ongoing improvement plan for the service to complete reviews of documentation relating to the MCA.
- DoLS applications were made to the local authority and were followed up appropriately.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to meet their needs. However, some staff training refreshers were out of date. The manager had put plans in place to address staff training completion, to ensure staff knowledge of good practice remained up to date.
- Staff received regular supervision meetings with a member of the management team, to support them in their role. In the supervision meetings staff could formally discuss their development, areas for learning and what was working well.
- Block-booked agency staff who frequently worked at the home also had training and supervision support. This helped to ensure consistency in the support people received.
- New staff completed a company induction and training. This included shadowing more experienced team

members to help them develop into their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's physical, mental and social care needs were assessed prior to them moving into the home. Their care was reviewed regularly to ensure the home continued to meet their needs.
● A multi-disciplinary team of health and social care professionals assessed how effectively the home met people's needs at regular intervals.
● People's support plans reflected the information staff knew about them, people's preferred routines and usual choices. The support plans gave guidance about the support people needed and the aspects of their care they could manage independently.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have a balanced diet. Staff monitored people's weights. This meant different support could be offered when needed, to help people stay healthy.
● People had access to a choice of different food and drink. Different menu options were offered for meal times, based on foods people enjoyed. These were shown in a pictorial format, to help people make visual choices.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access health services. These included visiting the GP and dentist, or having healthcare professionals visit for home appointments.
● People were supported to maintain good oral care and personal hygiene. Support plans gave staff guidance to follow in supporting people with these routines.
● Referrals were made to specialist health services when changes when people's behaviours or wellbeing changed. These included referrals for psychiatric services and epilepsy nurses.
● People with epilepsy had clear guidance in place to ensure they received the appropriate and consistent support in the event of a seizure.

Adapting service, design, decoration to meet people's needs
● The service was designed to meet people's needs. We saw people spending time in different areas of the home and people appeared comfortable in the home.
● There was a self-contained flat nested within the home. This gave one person more independence and helped them to manage their anxieties about living with others.
● People's bedrooms were personalised and decorated according to their preferences.
● The home had a sensory room and staff told us how this had been used successfully in supporting people to improve their wellbeing.

Good

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

- We received consistently good feedback from people's relatives about the quality of care and support at Durlston House. Their comments included, "They support her, they look after her, she is happy and comfortable there and we have no concerns." Also, "The staff work really hard to do their best for everyone at the home."
- We observed and overheard kind and well received interactions between people and staff.
- Since the last inspection there had been some staff changes, but a lot of staff remained consistent at the home. This meant people received support from staff who knew them well.
- People were supported by staff who had received training in equality and diversity.

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

- Personalised communication tools were used to help people be involved in reviews of their care. These included the option for pictorial monthly care reviews.
- People were supported where appropriate by their relatives to make decisions. The staff team understood good practice around supporting young people to have as much involvement from their parents as the person would want. People's relatives confirmed the staff kept them up to date in the event of any changes, reviews, or events they needed to be notified of.
- There were links with advocacy services to help people to express their views and to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. People were encouraged to invite relatives to the home for a meal, which the person would help to prepare with staff. Other people helped to cook for others in the home. One staff member told us, "[Person] made cupcakes for the party, he cleaned up after himself too. That is something he never really did before. He now helps to clean his bathroom and bedroom too."
- People were supported to visit their relatives at home. We received positive feedback from people's relatives about how successful the visits had been. This was because of the consistent support people received. One person's relative told us, "[Person] stayed with us at home for ten days and was the most relaxed I have ever seen him. That speaks volumes about the good work they do [at Durlston House]."
- Staff respected people's privacy and treated them with dignity when people wanted to spend time on their own.
- Staff were seeking volunteer work placements for two people. This was because of how people had been supported to progress in their social and independence skills.

Good

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 were supported by staff who were proud to provide personalised care and worked hard to help people achieve personal outcomes.
- There were personalised support plans in place. These contained specific guidance for staff to follow in supporting people to maintain and build day to day routines. Routines and consistency can be very important when supporting people with autism.
- People had allocated staff appointed as their key-worker. Key-workers were responsible for ensuring support plans remained up to date and reflected people's choices, needs and goals.

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 service used creative approaches and technology to help meet people's accessible information support needs. These included interactive visual social stories. Social stories are a widely-researched and successful tool to support people with autism and learning disabilities.
- We saw one social story to help explain risks to one person. One of the person's favourite movie characters had been included in the story. The story included photographs of the person and the person's name. Staff told us the social story had helped the person to understand that staff checked on them during the night to help keep them safe.
- There were lots of examples of information being displayed in visual formats. These included pictures about how to make a complaint, which were displayed in the entrance to the home. Staff told us they felt confident people recognised the symbols.

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 build and progress in their relationships and social engagement opportunities. One staff member told us about a person they had supported to access the local community. The person had progressed to using the bus, visiting the cinema, dining in restaurants, spending time in the local park and visiting shops. The staff member and the person's relative shared with us how much of an achievement these activities were for the person. The person's relative said, "[Person] gets out and about in the community, way more than he ever would several years ago."
- People attended a broad range of different activities. These included swimming and local walks. Staff had

been creative in supporting one person to walk further at local places of interest. They used characters the person liked and displayed their pictures at different points along the walk. The person went from point to point collecting the characters and walked further than they would have previously, with no anxiety.

● Social engagement in the home was also encouraged. Most people dined together in the evening with staff. When people had birthday celebrations, other people in the home joined in. One staff member ran a garden project from the home's garden. There were sensory borders, people planted and grew vegetables, and people from other homes participated in the project too.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place and people's relatives knew how to raise concerns. People's relatives told us they would feel comfortable speaking to the manager or the staff team if they had complaints. They also felt confident prompt action would be taken to resolve any concerns raised.

● No formal complaints had been received since the last inspection. However, if concerns had been brought to the manager's attention, there were pro-active approaches to resolving these. One person's relative raised a concern about the pharmacy. The manager advised us this was already on their agenda to discuss with the person's relative at an upcoming meeting.

End of life care and support

● The home was supporting young, healthy people. Nobody was receiving end of life care at the time of the inspection.

Good

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 good. At this inspection this key question has remained the same. 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

- People's families praised the staff team for the kind and empowering way their family members were supported. We received feedback about people making continual progress and staff always striving to aid people's development.
- There was a positive and person-centred culture throughout the service. People received care and support tailored to their needs and preferences.
- The management and staff teams were pro-active and consistent in helping people to work towards achieving personalised outcomes.

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 regulatory requirements and responsibilities. This included acting on the duty of candour when needed.

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

- The manager was supported in their role by a deputy manager who had worked at the home for a long time, and a regional manager.
- Audits of the service quality were completed by the management team. Actions from audits fed into a service improvement plan.
- The manager promptly updated the service improvement plan following inspection feedback about the mental capacity assessments. They put plans in place to address where shortfalls had been identified.
- The home also had some long-standing staff team members who knew people and their roles well. Staff spoke positively about the support they received from the management team.
- People's parents had met or spoken with the manager. They felt the manager was approachable and keen to get to know people well.

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

- There were plans for the continued development of engaging with the public. These included working with organisations providing volunteer placements and expanding the garden project.
- Staff attended team meetings to discuss communications and any shared learning.

● There was a whole-team approach to providing support. The agency staff were integrated into the core team and received the same support.
● People's relatives knew they could contact the home at any time. They felt they received good communication and could speak with any staff member about their relative.

Working in partnership with others
● The manager explained they felt supported by the other managers at homes close to the service. The managers attended management meetings with the regional manager and could share ideas, good practice and learning.
● Health and social care professionals shared positive views with us about the service. They felt there were good working relationships.