

TLC Care Homes Limited

Donylands Lodge

Inspection report

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13 August 2019

04 September 2019

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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

Donylands Lodge is a supported living service that provides personal care to people as part of the support they need to live in their own homes. The personal care is provided under separate contractual arrangements to those for the person's housing. People lived in single household, self-contained flats.

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 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's experience of using this service and what we found

People made positive comments about the care provided at Donylands.

Staff were recruited safely, were visible in the service and responded to people quickly.

People were given choice and supported to be independent. They were treated with dignity and respect.

Staff knew people well and had developed meaningful relationships with them.

People's health was well managed and there were positive links with other services to ensure that individual health and nutritional needs were met.

People received their medicines when they needed them.

End of life planning required further development. We have made a recommendation about end of life planning.

People, their relatives and professionals made positive comments about the management team at Donyland.

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 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

This service was registered with us on 23 March 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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.

Donylands 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

Two inspectors and an assistant inspector conducted the inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We 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 three people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, assistant manager, nominated individual, regional manager and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people felt safe. One person told us, "I am very happy living at Donylands, I feel safe here."
- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. As required reports were made to the local authority and Care Quality Commission when concerns about people's safety were identified and appropriate action was seen to be taken.
- Staff told us they had not raised a safeguard but knew how to. Staff told us they had received safeguarding training and had a good understanding of what to do to make sure people were safe.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed prior to their admission and plans put in place to support them and reduce their anxieties.
- People had behavioural support plans in place to guide staff on the triggers for their behaviours and the diversion strategies staff should use to support the person and keep them safe. However, these were not always revised following review of incidents and therefore new strategies were not recorded. This meant support may be given that was not consistent or appropriate. For example, one person had a history of putting inedible objects into their mouth and was at risk of choking. A protocol was in place although it was very basic and gave little guidance to staff. However, we found no impact on people as staff knew people and their needs well.
- Staff understood and encouraged positive risk taking. The registered manager told us, "We have been supporting one person to go out on the bus which was a big risk to them. When they first started going out, they needed two staff, however because this was positive, this has gone down to one and we are now looking at [person] going out by themselves."

Staffing and recruitment

- Staff, relatives and professionals told us there were not always consistent staff in the service. One staff member told us, "There's not enough permanent staff." Another told us, "There's nowhere near enough permanent staff, everybody leaves. We are lucky that the agency does give us the same people and then some agency have come across." An advocate told us, "There is unfortunately a high turnover of staff and there can be a lack of understanding of [person] needs. I have provided staff training in the past, but these staff have since moved on."
- We spoke with the registered manager and nominated individual about these concerns who told us that the provider had tried different methods of improving staff retention and staff turnover. We also spoke with the nominated individual who recognised this was an historic issue which had improved since the service had been bought. They told us, "There used to have a high turnover of staff within the service. However,

since the service was purchased, we have only had ten staff leave. We have significantly overhauled our recruitment and staff engagement process." During the inspection, we did not see any impact on people's care as a result of this

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.
- Relatives and staff told us there continued to be enough staffing to meet their needs. Staff had time to spend with people to ensure their wellbeing and enable them to participate in activities that they enjoyed.
- Rota's were in place and staff was allocated based on people's needs. This included accessing the community and increasing staff where required.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. However, some Medication Administration Records (MAR) had not been signed or recorded in line with national guidance. Despite this, we completed a stock check of medicines and found that stock levels held were correct.
- Staff told us they were trained and assessed as competent before they administered medicines and records confirmed this as accurate. One staff member told us, ""We did a booklet and had ten observations of watching someone else. Then we had our own observations by the Team Leader and then by the manager. If you're competent you're signed off if not there's further training."
- People received support to manage their 'as required' medicines. Where people exhibited behaviours that may challenge and put themselves at risk of harm 'as required' medication was in place. Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medicines appropriately. One staff member told us, "I follow people's protocols and behaviour support plan. At times we can manage behaviours and at times we can't. We ask the Team Leader or manager if we are unable to de-escalate behaviours."

Preventing and controlling infection

- Staff understood and continued to follow infection control procedures.
- Staff received appropriate training in infection control and knew how to prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Lessons were learnt in the service when issues happened. Where there had been errors made with medicines, measures been put in place to reduce any re-occurrence.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- Care assessments considered each person's diverse needs and choices and long-term goals.

Staff support: induction, training, skills and experience

- Staff had a clear understanding of their role and what was expected of them. However, staff records showed they did not always have specific training in line with people's needs. For example, one person had an eating disorder however staff had not received training in this. We spoke to staff about this person needs and found no impact on people's care as staff knew them well.
- Training was blended between e learning and face to face training and subjects covered included health and safety, autism and food hygiene. One staff member told us, "I'm happy with the training. It's more than adequate."
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff told us they had received a comprehensive induction programme. One staff member told us, "I had an induction and it included training. The trainer came in for three days then we had two days of shadows. The following week we had three days of shadow shifts and two days of training."

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

- The service promoted healthy eating and monitored people's weight, where appropriate. Healthy eating action plans were in place for some people to promote healthy choices and reduce or maintain a healthy weight. One person told us, "I cook my own meals and staff help me with recipes." One staff member told us, "[Person] is on the slimming diet, and has a list of their food written out. We support [person] to get these meals from the shops."

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

- People had access to various healthcare professionals. People received annual health checks, including a review of their medication and any long-term conditions such as diabetes. Relatives told us staff understood when people needed healthcare support. One told us, "Any concerns about [person] health are quickly assessed and doctors' appointments arranged as appropriate."
- Care passports and hospital grab sheets were in place to provide paramedics and hospital staff with

essential and relevant information about the person, and their health, to be shared with all care and hospital staff should the person need to go to hospital at any time. However, these were not all dated to show they had been reviewed and the information was current.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had received training in MCA and understood what this meant in their day to day role. One member of staff told us, "Some people don't have capacity to make a lot of decisions. A few can make day to day decisions." Another told us, "Two people I support both have capacity to make decisions. You can advise them but sometimes they choose to make unwise decisions."
- Staff understood the importance of gaining consent before providing support. There was a strong emphasis on involving people and enabling them to make choices wherever possible.

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; equality and diversity

- People, relatives and professionals told us people were well supported and cared for. One person told us, "I am very happy living here. The support is good, I like my staff, they support me throughout the day to do what I want to." A relative told us, "I cannot praise highly enough the care and support that has been put in place for [person] which has enhanced all aspects of their wellbeing."
- Staff understood people's life histories and records gave information on historic health or social issues that staff needed to be aware of. One member of staff told us, "I met him [person] before they moved here. I spoke to staff, so we could get a history of them. We had a discharge summary with his history and current risks."

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

- Staff involved people in their care and supported them to make choices and decisions about everyday tasks and activities. The registered manager told us, "I have something called Talk Time. We had a scheme review and feedback we had, was that we didn't record when we were speaking to people."
- Relatives and advocates, where appropriate, were involved in supporting people about decisions about the service and their daily lives. An advocate told us, "I have supported [person] for a number of years and have a good working relationship with the staff at Donyland."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to develop and keep independent living skills ranging from basic self-care to more extended activities such as meal planning, shopping and preparing a meal.
- People's independence was promoted. Each person had an assessment looking at their everyday living skills. These covered the most essential skills for the persons safety and wellbeing. These directed staff on what people could do for themselves or where they needed support.
- Relatives and staff told us staff promoted people's dignity and independence. One relative told us, "[Person] is encouraged to be as independent as possible but they are always ensuring that they are safe and happy. We have seen [person's] seizures have reduced, and this is solely due to the holistic approach to her care." The registered manager told us how the service had supported people to increase their independence. They told us, "We support people to aspire to and achieve their goals no matter how small. For example, one person had not made their own sandwich before they came to Donylands and since they have been here, they now can."

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

- Care and support plans were personalised and sufficiently detailed to guide staff on the type and level of support they needed. Care records included relevant and important information about people.
- Staff applied their knowledge of people effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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.

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. Staff were skilled at supporting people with their communication needs. One professional told us, "The interactions I have observed have been positive in how they communicate verbally, with body language and attitude towards people."
- Information was shared with people and where relevant available to people in formats which met their communication needs in line with the Accessible Information Standard.

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.

- Staff enabled people, where able, to take part in and follow interests and hobbies. This included regular access to the local community and access to social activities. There were regular opportunities for people to go out and use local facilities such as shops, cafes, seaside, farms and garden centres. Records showed varied activities took place both internally and externally to the service.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. Where complaints had been received by the service, they were fully investigated, and outcomes were shared with people.
- Some people were not familiar with or did not know how to use the complaints process. However, they said they would raise any issues or concerns with the registered manager and they were confident the registered manager would address their concerns.
- The service received a number of compliments about the care provided. One compliment read, "Thank

you for being on the ball with [Person's] health problems, it reassures me that [person] is being cared for as I am not in the position to do this for them.' Another said, 'Thanks also for the wonderful care you have given them whilst they've been out of sorts.'

End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, management knew how to access support from other healthcare professionals should this be required.

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 service had a positive culture that was person centred, inclusive and empowering. The registered manager told us the service had a clear vision to promote best independence and empower people to make choices. This was clear throughout our inspection.
- The service worked closely with other professionals in the development of people's support and care. Feedback received as part of the inspection corroborated this

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 area manager supported the registered manager in her management role. However, the registered manager did not have enough administrative support to do, for example, the payroll. This would free time to enable the registered manager to continue to drive improvement where needed. We spoke to the area manager who recognised this and told us the new owners were actively recruiting to support the registered manager.
- The registered manager was aware of their regulatory requirements and what they needed to report to CQC, and understood their responsibilities under duty of candour, if errors were made.
- Systems were in place to ensure the duty of candour was met.

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

- The management team felt the new provider was incredibly supportive and had a healthy interest in the service. A lot of positive changes were planned which included staff assistance and staff facilities. A system was in place for staff achievements.
- People told us they had regular and protected 'talk time' with the registered manager which gave them an opportunity to raise any issues or concerns they may have. One person told us, "I enjoy my 'talk-time' with the manager, she listens to me.
- Staff received supervision of their performance and regular team meetings. Staff told us they were provided an opportunity to feedback their views and suggestions for improvement

Continuous learning and improving care

- Audits were completed on a wide range of areas of service by the management team including care plans, health and safety, finance and medication. Where information was gathered from audits, it was not always clear what had been done with this and whether any actions had been taken. We spoke to the registered manager about this who told us actions were taken but this was not always recorded formally.

We recommend the registered manager develops a development plan for the service from audits completed.

- There was a focus on continuous improvement and the registered manager told us the service was always looking to improve. Lessons were learnt, and issues were discussed in meetings to see if anything could be done differently

Working in partnership with others

- The service was connected to the local authority's training programmes. The registered manager told us how staff had attended training provided. They told us, "We have empowered one of our members of staff here to work with PROSPER to take the lead and help support people to lose weight and gain fitness." Prosper is an initiative aimed at improving safety and reducing the risk of harm to vulnerable people.
- The service worked closely with healthcare professionals who were supporting people who lived in the service. One professional told us, "My personal and professional experience on the whole, during my time working with the team at Donylands has been a positive one."