

# TLC CARE HOMES COLCHESTER SUPPORTED LIVING LIMITED

## Donylands Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

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 self-contained flats or in shared accommodation on the Donylands site or in the Colchester / Clacton area. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting a total of 13 people who received personal care.

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

Feedback from relatives, review of care records and analysis of information shared with CQC reflected further work was needed to ensure risks were properly assessed and managed to promote people's and staff's safety. This specifically related to people using the service whose needs, and anxieties may put themselves or others at risk of harm.

There was no registered manager in post and the service was being managed by a senior operations lead. Donylands Lodge provided personal care in ten supported living services within the local area. There has not been a stable management team in place. This has led to a poor staff culture, lack of leadership and oversight of the service. This resulted in risks to people's and staff's safety not being identified and managed effectively. The provider was taking steps to improve this, and a new manager had been recruited and started on 01 September 2021.

Quality assurance arrangements and serious incident reviews had not always been learned from or reduced reoccurrence of incidents. There continued to be repeated medicines errors as well as times where people's anxieties had resulted in some incidents of violence and aggression. The providers governance framework to assess the quality and safety of the service, had not been fully embedded in the service to drive the required improvements.

High turnover of staff and use of temporary agency staff at Donylands Lodge and some of the other supported living services had impacted on the provider's ability to consistently meet people's complex needs. The provider was working on strategies for the recruitment of new staff. Recruitment systems needed to improve to ensure staff are of good character and suitable to work with people using the service. Staff training was not up to date to ensure they had the skills and experience to carry out their roles effectively.

Relatives raised concerns that people's complex healthcare needs were not always being met resulting in poor diet, poor health and poor hygiene. There was a focus for improvement to support people to make healthier choices. People were supported to access their GP or other healthcare services.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

#### Right support:

The provider had recognised the current layout and design of some its supported living services did not maximise people's choice, control and independence. Plans were in place to redesign some services. People were involved in decisions about the redesign of their living accommodation and what they would like to do with their space.

#### Right care:

The providers website states the service has a focus on helping people become more independent, by maximising opportunities, minimising the amount of intervention required and teaching coping strategies to help with situations which trigger anxieties. Although there were improvement plans in place for this, relatives shared experiences was that the service did not yet provide the right care and specialist support, particularly in relation to their loved one's complex behaviours and health.

#### Right culture:

The nominated individual, senior operations lead, area manager and manager have worked with commissioners of care, safeguarding and other professionals in an open and transparent way. They have recognised and acknowledged the improvements needed. They have provided plans to ensure people using the service are supported to lead confident, inclusive and empowered lives. Relatives and staff told us the service was improving under the new leadership team.

Complaints had been managed inconsistently across the services. Where they had been investigated these had been responded to in a timely way and the outcomes used to improve the service people received.

Further work was needed to ensure people's views about end of life care, including their individual religious and cultural values and beliefs, were known, respected and acted on.

We have made a recommendation about end of life care arrangements

The provider acknowledged the difficulties during COVID-19 for people to take part in routine hobbies and access community activities. They had created outdoor activities to prevent isolation, including an Olympics event and a garden and flower project competition.

#### Rating at last inspection

This service changed their legal entity on 23 July 2020, and this is the first inspection. The previous provider TLC Care Homes Limited transferred their existing locations to TLC Care Homes Colchester Supported Living Ltd. The last rating for the service under the previous provider was Good published on 05 October 2019.

#### Why we inspected

The inspection was prompted in part due to concerns about repeated medicines errors, staffing numbers, high number of safeguarding concerns and whistle blowing's about the quality and safety of the service and the impact on people. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the key question safe. 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. We were assured the provider

had systems in place to manage the control and prevention of infection well.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people using the service had been harmed, but staff were not always safe because risk management strategies needed to be improved. Please see the safe, effective, caring, responsive and well led sections of this full report. The provider had taken action to mitigate the risks to people. They had recognised that the service cannot meet the needs of some people they care for. They were working with professionals, people and their families where this was needed.

We have identified breaches in relation to safe care and treatment, management of medicines, recruitment practices and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Donylands 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

**Requires Improvement** ●

# 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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, 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.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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

We gave a short period notice of the inspection because some of the people using it needed support to manage anxieties about inspectors visiting the service.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 six relatives about their experience of the care provided. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the senior operations lead, area manager, manager, two deputy managers and six care staff.

We reviewed a range of records. This included two 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 one professional who regularly visited 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 requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management: Using medicines safely

- In the last 12 months CQC received high levels of safeguarding and whistle blowing concerns. People and their relatives told us they did not always feel safe and protected. As a result, some people spent more time in their own room where they felt safer.
- The provider had recognised they needed to make changes to improve systems to reduce the number of incidents where other people using the service, staff and visitors felt threatened or unsafe. This included acknowledging they could not meet some people's needs and were working to seek more suitable care services for these people.
- The provider was taking action to address these incidents and we found no evidence that people using the service had been physically harmed. However, staff had been threatened and assaulted on several occasions.
- The provider had protocols in place to respond to and assure people, staff and others to feel as safe as possible when people's anxieties and needs impacted on them. If this included violence or threatening acts there was a protocol in place to call the police.
- Improvements were needed to ensure people received their prescribed medicines as directed by their GP. For example, there were gaps on one person's medicine administration record (MAR) where staff had not signed to show the person had received their prescribed ear drops. It was, therefore, unclear whether they had been administered or not. No code had been used to show if they had been refused. The deputy manager could not confirm the ear drops had been administered and the medicines audit had not picked up the signatures were missing.
- Guidelines for 'as required' (PRN) medication did not always contain accurate information. For example, one person's MAR chart listed two types of PRN medicines which could be given up to four times a day to help manage their behaviours. The records were not clear as to when either of the medicines should be administered.
- Although a weekly stock check list was completed, there was no running total for PRN medicines to reflect how much medication remained in stock and if this tallied with the amount that had been administered. Incident reports did not correspond with the information on the MAR chart to show if the medicine had been effective.

Systems to keep people safe and ensure medicines were managed consistently and safely were not effective and increased the risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



## Staffing and recruitment

- People and their relatives told us there were not enough staff to meet people's needs and keep them safe. One person told us, "They are two staff short at the moment, they are trying to replace them, but there is always one here to look after us." A relative commented, "My [Person] is not able to access the community if there are not enough staff, they have to stay in. Staff try their best, but the company are having a lot of trouble getting the staff they need, they have to be the right ones and not keep leaving."
- Senior leaders had not always considered how the different needs of people using the supported living services might impact on each other. In one case this had impacted on a person's ability to access the community. Their relative commented, "My [Person's] activities are limited because they can't go off on their own, another person who needs one to one support always has to be taken to maintain their activities, leaving the others sharing staff so that they can't go out and can't be left."
- Routines designed to support people to manage their complex needs and anxieties had not always been followed. One relative commented, "My [Person] needs a lot of support which hasn't been fourth coming. They are not designated support in the evenings; and consequently, they are left on their own with no bedtime routine."

The high turnover of staff and high use of temporary agency had led to a lack of consistency when supporting people with complex needs and the ability to meet their needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual told us they were working hard to recruit new staff. They had recently had a successful recruitment drive to fill vacancies, reducing the need for agency staff.
- Recruitment systems needed to improve. Five staff recruitment files reviewed found the required documents to ensure the suitability of new staff to work with people using the service had not always been obtained. There had been a failure to obtain a full employment history and the required references to ensure staff were of good character and had the qualifications, skills and experience necessary for their role.

The provider failed to have effective and robust recruitment systems in place to ensure the right staff were recruited. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Learning lessons when things go wrong

- Due to the number of medicines errors and serious incidents the provider instigated reviews to discuss risks and agree actions needed to improve the service. However, learning from these had not been fully embedded to demonstrate things had and were improving the quality and safety of the service. For example, we continued to find errors on MAR charts.
- Learning from safeguarding investigations had been discussed with the senior management team and at staff meetings. One member of staff commented, "Post the safeguarding and strategy meeting the service has changed so much, previously it was very difficult to meet everyone's needs, now we have resources pulled in from every angle and people are relaxed, calm and happy."
- Staff told us following the safeguarding concerns at one of the supported living services, the provider facilitated staff to attend a critical debrief course. Staff told us this had been helpful to discuss events and reflect on what could have been done differently, to prevent similar issues happening again.

## Preventing and controlling infection

- People and their relatives told us the staff had managed COVID-19 outbreak well. Comments included, "I do feel staff did well," and "Staff were good, two members of staff stayed in the service throughout

lockdown, without them I don't know what would have happened."

- We were assured people were supported to minimise the risk of catching and spreading infection, including people who visited the service.
- Staff had access to regular testing and used personal protective equipment (PPE) effectively to safeguard staff and people using services.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Due to the complexities of care and support needs of some people using the service, the provider had identified the service could no longer meet their needs. They were actively working with professionals to support them to move to alternative services.
- The nominated individual told us this had led to improving the process for assessing the needs of people before they started using the service. This would ensure they were able to fully meet their needs and to assess how they might get on with others already in the supported living house or flats.
- A panel had been set up to check this was happening. The process also identified specific staff training prior to the person receiving the service.
- There was a plan in place for all managers to receive coaching to up skill their decision making to help them with new assessments and provide assurance the service was able to meet the full range of peoples' diverse needs, before offering care.

Staff support: induction, training, skills and experience

- Relatives told us staff needed more training. One relative commented, "Don't know what training they have, but from their reaction to people some are not very good, we need more of the regulars that are well trained."
- The provider recognised the need to train and develop its staff and had introduced a new training platform. This gave managers clearer visibility of the training statistics and oversight of training courses due for expiry. It was too early to tell if this system was improving staff practice, but managers said it was helpful and would continue to promote staff development.
- The management team accepted there were significant gaps where staff training was overdue in mandatory, developmental and best practice training. There was a plan in place to improve this and measure the impact to ensure training was improving care. This included support for staff to learn about and minimise people's anxieties which had resulted in them being a danger to themselves or others.
- Non-abusive psychological and physical intervention (NAPPI) training was in the process of being rolled out to all staff. One member of staff who had completed this training commented, "NAPPI training has been better, it provided an interesting different viewpoint. The training focuses on positive behaviour prompts, rather than protecting yourself, which is more effective for the people we support."
- Of the five staff files reviewed only one contained a record of induction when they commenced working at the service. This included a brief check list and did not demonstrate a robust competency- based induction had been completed. However, all staff spoken with told us they had received a good induction when they first joined the service which included two weeks of training and shadowing an experienced member of staff

for five days.

- Following the inspection, the senior operations lead provided a copy of the TLC induction schedule for all new employees. This included deadlines, clear goals and support for completion of training.

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

- People were being supported to make healthier choices through education around diet and increased exercise. People told us they were involved in planning their meals. One person commented, "I do a bit of cooking." Another commented, "Staff help me follow a specific Mediterranean diet, a specialist put me on it."
- Active support sessions were being provided to help people gain new skills, increasing independence, and trying new foods through cooking sessions.
- Relatives provided mixed feedback about the support people received to maintain a balanced diet. Most comments were positive, with good examples of promoting peoples' independence. Comments included, "Staff spoke to us to know what [Person] used to eat in the family setting and then used that as a basis to plan their meals," and "Staff take [Person] shopping and they get what they want."
- Where there were concerns these focussed on choice being limited, and not all the food provided was appropriate to meet their nutritional needs. Comments included, "If staff ask my [Person] what they would like to eat, they will just say a [specific food]," and "My [Person] has been eating only one type of food a day, staff are trying now to get different things for them to eat to give a better diet."

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

- People told us, and records showed they had access to their GP or other healthcare services when they needed it.
- Relatives were mixed in their opinions about people's access to healthcare. One relative told us, "My [Person] goes to hospital on a regular basis and can see the GP and dentists, I can't fault the staff." However, others raised concerns that people's complex healthcare needs were not always being met resulting in poor diet, poor health and poor hygiene.

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. 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 understand the requirements of the MCA and how to support people to make decisions.
- Records showed decisions were being made in people's best interests and ensured the right people were involved.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Relatives told us staff were committed to providing the right care. Comments included, "Regular staff are stars," and "I can't fault the staff, they are very caring." However, three relatives raised concerns about services not having permanent staff and temporary agency staff were not as caring or knowledgeable about the care needed.
- People told us staff treated them with kindness and supported them well at times when they became anxious or distressed. Comments included, "They help me to calm down if I get upset, I listen to CD or radio," and "Staff give me space."
- Staff were observed treating people with kindness, respect and compassion. We observed some nice interactions and saw that staff had developed a good rapport with the people they supported.

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

- People were mixed in their opinion on being supported by staff to make decisions about their care. One person told us, "Sometimes, I am involved a little in my care, it would be nice to know who's coming to support me, but I have to ask as I am not sure. I don't have a care plan, I don't think." Another commented, "Staff do listen to my views, they ask what food I would like when I help with a shopping list. We look in the cupboards and fridge to see what we need."
- The provider had initiated workshops for people using the service to be involved in joint working projects to have a say on planned improvements and where needed design new services, the décor, furnishings and garden projects.

Respecting and promoting people's privacy, dignity and independence

- People told us; staff respected their privacy. Comments included, "Yes, if I need to, I can spend time in my bedroom and staff give me space," and "I talk with staff one to one in my bedroom."
- Relatives were confident permanent staff respected their loved one's dignity but were not assured about agency staff. One relative commented, "I would not want a stranger putting me to bed, my [Person] is alright with regular staff but they like to know who is on shift, they need staff who knows them and supports them consistently on a regular basis."
- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote 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 requires improvement. This meant people's needs were not always met.

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

- People's relatives told us they did not feel the service provided the specialist support promised when their loved one commenced using the service, particularly in relation to complex behaviours, health and hygiene.
- People's care plans contained comprehensive information about risks to their safety, however information was not always up to date. For example, the positive behaviour support (PBS) manager confirmed no forms of restraint were used, however one person's care records contained photographs of the holds staff were to use to direct this person away from others when their actions were placing others at risk. Staff and the PBS manager confirmed these holds were no longer in use following the introduction of NAPPI training. Although the photographs were removed immediately on the day of inspection, the incorrect information had placed this person at risk of receiving inappropriate care from any staff unfamiliar with them.
- Information recorded in people's daily records of the care provided was basic. They were repetitive, task and activity- based account of how people spent their day. They did not reflect what worked well, what did not go so well, and what could be done differently next time. This meant opportunities were missed to identify consistent approaches and demonstrate how people's needs were being met and/or how their wellbeing was improved.

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.

- Information from the provider stated people's communications needs were assessed to ensure people were supported to communicate their needs, choices and preferences.
- Although detailed communication plans were in place, relatives were concerned peoples' specific methods of communication and aids were not being used consistently. This led to deterioration in their loved one's skills to communicate, leading to frustration. One relative told us, "My [Person] seems to have lost a lot of their sign language skills, so now they do not communicate properly, and gets frustrated, this is why they need consistent staff."
- Information was provided to people in formats according to their needs, including an easy read service user guide and complaints policy. Additionally, easy read guidance and social stories had been used to explain about coronavirus, social distancing and the use of masks.

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

- The provider acknowledged the difficulties during COVID-19 for people to take part in routine hobbies and access community activities. To prevent people becoming socially isolated they initiated a number of outdoor activities, including an Olympics event and an organisational garden and flower project competition. People using the service attended an awards ceremony in recognition of this work.
- People had been supported to access previous community activities following lifting of COVID -19 restrictions. People had returned to community groups to build relationships and engage in meaningful participation, as well as accessing places of interest, such as fair grounds and Clacton pier. This provided people with new experiences and had helped to reduce incidents of distress and anxiety.
- People were supported to maintain contact with relatives and friends during COVID-19 via social media, including activities and events such as cooking classes. In addition, a pen pal service was implemented which involved people sending and receiving cards and pictures they had made.

Improving care quality in response to complaints or concerns

- Managers acknowledged historical complaints had not been managed well. As a result, improvement plans and quality assurance monitoring was introduced to ensure complaints were being managed effectively, and lessons learned shared across the teams.
- In addition, there was a plan in place for working with families to establish regular informal meetings where small concerns and issues could be shared and managed quickly to prevent issues escalating to a point of complaint.
- We saw two complaints had been responded to in a timely way. Outcomes and learning from these complaints were discussed with staff at team meetings and people's care plans were reviewed in line with findings in order to prevent a reoccurrence of incidents.

End of life care and support

- No people were reported to be on end of life care at the time of this inspection.
- People's care plans contained varied information about end of life care and arrangements to ensure they have a comfortable, dignified and pain-free death. One of the five care plans reviewed had a plan in place reflecting their wishes at the end of their life.

We recommend that the service consider current guidance to ensure people's end of life needs are fully considered.

# 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 requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care and Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers roles, responsibilities and accountability arrangements were not clear. There are ten supported living services listed under Donylands Lodge's registration. Each of these services were supported by different locality managers. Relatives raised concerns about managers ability to oversee multiple sites at a time, and shared concerns about staff being under stress. Relatives felt staff were not supported and lacked leadership.
- The service is required under the conditions of their registration to have a registered manager. Since registration in July 2020 the service has had three different managers. The last manager left in June 2021, and at the time of the inspection the service had no registered manager in post. A senior operations lead had been managing the service until a new manager was appointed. A new manager commenced in post on 01 September 2021.
- The NI, senior management and new manager have provided assurances and were clear what action is needed for the service to improve. Although we acknowledge there has been significant amount of work within the last six months, the quality assurance arrangements and serious incident reviews completed have not yet affected the changes needed in the service.
- Time taken to complete action plans needed to improve to ensure the safety and welfare of people using the service. For example, the medication audit completed by an independent pharmacist was completed in March 2021, actions were completed in September 2021 at the time of the inspection, but also found not to be fully embedded. We identified on going errors although they had reduced in number and seriousness
- Staff told us support from managers had been inconsistent which had led to poor culture and low staff morale. Over the last 12 months there had been a culture of staff reporting concerns to CQC via whistle blowing, rather than raising issues internally as they did not feel previous managers would respond to their concerns in a fair and transparent way.
- The senior operations lead told us a significant amount of work had taken place with staff over the last six months to build trust with the new management team. Staff had been encouraged to raise issues through team meetings, supervision and an adhoc open door approach from management. As a result, there had been a reduction in the number of whistle blowing's raised directly to CQC.
- Relatives and staff told us things had improved recently with the addition of the senior operations lead, area manager and new manager. Comments included, "The senior operations lead has been brilliant, I have only had one conversation with the new manager, but I think they are what the service needs. The service needs a strong person to provide strong leadership," and "Staff are a lot happier, more relaxed and no



longer on edge."

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

- Relatives told us communication had been poor. One relative told us, "I raised a concern and the interim manager promised to ring me every week at a specific time, which mightily improved communications however this only happened twice. Another relative commented, "It takes a lot of work to get a response, but eventually I do after a bit of time and sending reminders."
- People's relatives confirmed they had been asked to complete satisfaction surveys at the end of 2020 but had had no response, or feedback about the issues they had raised.
- People, relatives and staff told us, since the senior operations lead had been overseeing Donylands Lodge communication had improved. One relative told us, "For the last six weeks we have had the senior operations lead who is brilliant, if I complain, they now seem to do things immediately or put things in motion."

Systems in place to assess, monitor and improve the quality of the service have not yet been fully embedded in the service to drive the required improvements. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- People's records and feedback from other professionals confirmed the service worked well in partnership with other agencies. However, not all relatives spoken with were confident their family members were receiving input from health professionals when needed. This included regular support from the chiropodist.
- Hospital Communication passport were in place in the event people needed to be admitted to hospital. The information provided other professionals with information about how to communicate effectively with the person as well as their likes and dislikes in terms of physical contact, food and drink.
- In March 2021 a new nominated individual (also the managing director of the company) was appointed and a new senior management team implemented. This team has engaged with professionals and stakeholders. This includes responses to continuity of care, safety of people using the service, staff and others and improvements to care provided at some of the supported living sites.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems to keep people safe and ensure medicines were managed consistently and safely were not effective and increased the risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to assess, monitor and improve the quality of the service have not yet been fully embedded in the service to drive the required improvements.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to have effective and robust recruitment systems in place to ensure the right staff were recruited.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The high turnover of staff and high use of temporary agency had led to a lack of consistency when supporting people with complex needs and the ability to meet their needs.

