

TLC Care Homes Colchester Supported Living Limited

Donylands Lodge

Inspection report

Donyland Lodge
Fingringhoe Road, Rowhedge
Colchester
CO5 7JL

Tel: 01787479491
Website: www.tlccarehomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Donylands Lodge is a supported living service which 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. 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 people living in single self-contained flats or in shared accommodation at Donylands Lodge or in 7 separate supported living services, (referred to as satellite services) within the Colchester / Clacton area. The regulated activity of Personal Care was only being delivered to 11 people in 6 of the 8 supported living properties.

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

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 and providers must have regard to it.

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

Right Support:

The satellite supported living services are houses, or flats in buildings of a similar size to other properties based in the local community. Donylands Lodge site is in a rural location. This is a larger service comprising of a series of older buildings which we found were not fit and safe for people to live in. Issues about the safety of the premises were identified by the area manager in an environmental audit in February 2023. The findings were reported to the housing provider, who holds responsibility for the upkeep and maintenance of the premises.

Senior managers informed us they had repeatedly tried to engage with the housing provider to make the required improvements. However, we found the same issues on inspection which placed people at risk of harm. As CQC does not regulate the premises used for supported living, we shared our findings with the local authority who fund people's care, and Essex County Fire and Rescue service. The nominated individual (responsible for supervising the management of the service on behalf of the provider) advised they had, and continued to raise concerns with the housing provider relating to the risks to people's safety and to ensure fire safety standards were addressed. Despite extensive chasing nothing has been forthcoming from the housing provider, other than some contractor visits and minor remedial actions taken.

Since the last inspection, the registered provider, has been incorporated into Ivolve Group Limited, an

existing adult social care provider with established governance arrangements in place to assess, monitor and improve the quality of the service. However, these systems have not yet been fully embedded in the service to ensure delivery of high-quality care and drive the required improvements. These failed to identify people's flats at Donylands Lodge were dirty, and unhygienic, which were not only unsanitary, but increased the risks of people acquiring or spreading infection.

People using the service 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.

Right Care:

High use of agency staff had previously impacted on the provider's ability to consistently meet people's complex needs. The provider had successfully recruited staff to fill vacancies across the services reducing the need to use temporary agency staff. Relatives and staff confirmed staffing numbers had improved. However, where agency staff were still used, relatives remained concerned about the impact this had on their family members, and their ability to build a trusting relationship. Recruitment practices had improved to ensure the right staff were recruited.

People's care records contained robust communication plans. However, staff had not always received training to ensure they were able to effectively communicate with people, using their specific method of communication, such as Makaton. Systems were in place to ensure people received their prescribed medicines. Staff worked well with the learning disability team, GP, positive behaviour support (PBS) team and families to review medicines to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

The service had safeguarding systems, policies and procedures and managed safeguarding concerns promptly. Managers and staff knew people well, understood how to protect them from abuse and worked well with other agencies to do so.

Right Culture:

Our previous inspection found there had been an unstable management team, which had led to a poor staff culture, lack of leadership and oversight of the service. A new management team was in place, consisting of an area manager and 3 registered managers, split across Donylands Lodge and the satellite supported living services. Staff confirmed the new management team were providing more support, and better leadership.

Systems were in place to respond to complaints in a timely way and used to improve practice. However, 3 out of 5 relatives told us engagement between them, and the service could improve, including obtaining and responding to feedback and ensuring their concerns were listened to. A plan to improve engagement with families had been developed, including regular family events. This had included an afternoon tea for relatives to meet and build relationships with the new management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 October 2021). We carried out an unannounced comprehensive inspection of this service in September 2021, where breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve safe care and treatment and their governance arrangements. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

Why we inspected

This was a focused inspection to check the provider had made improvements in relation to the key questions safe and well-led and prompted by a review of the information we held about this service to assure ourselves people were receiving safe, good quality care.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Donyland's Lodge on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 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 6 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 3 registered managers in post. The service had been split into 3 areas, Donylands Lodge, Colchester and Clacton supported living services, each with its own registered manager.

Notice of inspection

The inspection of Donylands Lodge, the registered location for this service was unannounced. We gave a short period of notice to inspect the smaller supported living services because some of the people needed support to manage anxieties about inspectors visiting the service.

Inspection activity started on 14 June 2023 and ended on 18 July 2023. We visited the location's office on 14 June 2023.

What we did before the 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 4 people who used the service. We observed the interactions between people using the services and staff. We spoke with 6 relatives about their experience of the care provided.

We spoke with the area manager who is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered managers, deputy manager and 8 care staff. We looked at 5 staff files in relation to recruitment and records in relation to the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 3 people's care records, training data, and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Our previous inspection identified improvements were needed to ensure risks to people were identified, and managed. At this inspection further improvements were needed to ensure people living at the registered location, Donylands Lodge were safe. The living conditions, including cleanliness and hygiene were better for the people residing in the satellite supported living services.

Assessing risk, safety monitoring and management

- The inspection found ongoing concerns about people's safety at Donylands Lodge. The provider had assessed the risks to people arising from the poorly maintained environment, including fire safety and had made repeated attempts to engage with the housing provider, to make the required improvement.
- Where the housing provider had refused to carry out the required repairs, the provider had not referred their concerns to another organisation or regulator, such as the fire service and, or local authority.
- Personal emergency evacuation plans (PEEP's) had been completed, but had not factored in people's specific conditions, such as epilepsy, or the effects of sedative medicines may have rousing a person, in the event of a fire. The provider confirmed post inspection these had been updated to reflect this information.
- We found no evidence during this inspection that people had been harmed. However, as we had serious concerns about people's safety, we raised concerns with the local authority safeguarding team and Essex County Fire and Rescue service. The provider responded immediately during and after the inspection. They confirmed a meeting had been held with the housing association who agreed to address the immediate fire safety concerns.
- Staff took a proactive approach to anticipating and managing risks to people. For example, a member of staff told us, how they had worked with the GP and positive behaviour support (PBS) team to change a person's medicines, which were impacting on their behaviour. They told us, "As a result [Person] is getting out more, going to the barber, the pub, shopping and hospital appointments."
- Staff sought to understand and reduce the causes of people's distress, resulting in behaviours which put them at risk of harm. For example, a member of staff told us, "You can't rush [Person], you have to do things at their pace, it's like a chain, you can't break their chain, if they do something once, they are more likely to do it again, if they say no, we try to work around things."

Preventing and controlling infection

- Systems to maintain and keep people's flats at Donylands Lodge clean were not effective.
- We were not assured the provider had systems in place to support people living at Donylands Lodge to effectively manage the risks of acquiring or spreading infection. A slip mat in a person's bath, when removed was soiled underneath. A person's shower had a build-up of soap scum and limescale, discolouring the bottom edge of shower screen. Floor mops were being left soaking in dirty water, and kitchen bins did not

always have a lid.

- Following the inspection the provider told us, and an audit showed a deep clean of people's rooms had taken place and cleaning schedules had been implemented. These were being checked by the registered manager and team leaders to ensure effective infection, prevention and control measures were being followed.
- The separate satellite services visited had better arrangements in place for keeping people's homes clean and hygienic. However, 1 relative commented, [Family member's flat] could be cleaner to be honest. It's not dirty but it's grubby."
- Where people made choices which impacted on the cleanliness and safety of their environment, support plans were in place to help manage this aspect of their care. One relative commented, "[Family member] has nice living conditions and staff let me know if they need anything fixing and buying for their home."

Staffing

- The last inspection found a high turnover of staff and use of temporary agency staff had impacted on the provider's ability to consistently meet people's complex needs.
- Relatives told us staffing numbers had improved. Comments included, "I think they're fully staffed. There's a good core there as well now so [family member] regularly has the same staff," and "[Family member] has somebody there basically all day, when they go out, they seem to have the correct number of staff. They were in hospital recently and had a member of staff with them 24 hours a day and was well looked after."
- Relatives acknowledged the difficulties the service had recruiting staff, however where agency staff were still being used, they had concerns about the impact of using temporary staff had on their family members. Comments included, "They have a lot of agency staff which isn't always great because [family member] needs continuity," and "It's a mixture to be honest, [family member] did have the same staff for a while and they became close, but then they started using agency staff again."
- The provider told us, rotas were planned at least 6 weeks in advance which allowed agency staff who knew people well to be booked. Agency staff worked alongside permanent staff and had the opportunity to ask questions and learn more about the people they are supporting.
- The registered managers told us they had successfully recruited staff. Staff vacancies had reduced by more than 50% and the service was continually recruiting. All staff spoken with confirmed staffing numbers had improved, and only used agency staff to cover sickness and staff holidays.
- Review of staff files found recruitment of staff had improved. A new online system to support recruitment of staff was being used. This required staff to input their employment history and provide reasons as to why they had left their previous employment. This new system does not let staff move on to the next page of the online form until they had completed this information.
- Other appropriate checks had been completed, including the Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's relatives were confident their family members received their prescribed medicines. Comments included, "There is a form in their flat and all the time seem to correspond. We do look at everything just to make sure, but we've had no concerns," and "[Family member] has medicine and staff are all trained to give it to them. They review their medicines and do the MARs sheet, so I'm happy that's all being done properly."
- Medicines were overall being well managed. A sample check of people's medicines was carried out and was found to be correct.
- Where there had been a change in the pharmacy supplying people's medicines, staff had completed handwritten MAR charts when booking in the months' supply. These had been signed by 1 member of staff. We discussed with the registered manager, best practice is for 2 staff to countersign and confirm the

quantity of medicines received.

- Staff worked closely with the learning disability team, GP, positive behaviour support team and family to review people's medicines. As a result, people's behaviour was not controlled by excessive and inappropriate use of medicines in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Where medicines had been prescribed for people on an 'as and when needed' (PRN) basis to reduce anxiety or manage pain, protocols were in place setting out the steps staff must take.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives told us, there family members were protected from abuse. Comments included, "Staff look out for my [family member], they are aware of their abilities and work within them," and "It's really nice, I know if [family member] is somewhere they don't want to be they won't want to go back, but they really want to go back to their flat, they're a fabulous team."
- Staff understood their responsibilities to raise concerns and record safety incidents. They had received training on how to recognise and report abuse. Staff spoke knowledgeably about the needs and safety of people using the services.
- Incidents and safeguarding concerns were recorded and monitored to identify themes, and trends, and the actions needed to reduce the risk of similar events happening again.
- Monthly quality risk governance key messages were circulated to all staff across the company to keep them up to date with information about best practice and measures to keep people safe.
- The registered managers were aware of their responsibilities to report concerns to other agencies. They had worked well with the local authority and investigations into incidents had been used as an opportunity to learn lessons, change practice and drive improvement.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'
- Relatives told us, as far as possible, people were supported to make their own decisions and staff helped them to do so when needed. One relative told us, "I'd say staff are now giving [family member] appropriate choice which is why things are so much better."
- Where people lacked mental capacity to make certain decisions, these were clearly recorded.
- Best interest decision making records had included relevant people, including professionals and family members with power of attorney, when making decisions about care and treatment.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

The previous inspection found there had an unstable management team, which had led to a poor staff culture, lack of leadership and oversight of the service. This had resulted in risks to people's and staff's safety not being identified and managed effectively. At this inspection we found the management and leadership of the service had improved, however quality, risk and governance processes needed to improve.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care

- The provider had implemented a range of governance systems over the last 12 months, including 'Flashcard's'. These were used for recording and analysing data for each service. These were reviewed at the providers monthly Quality Risk and Governance (QRG) meetings.
- Whilst the providers governance structure sets out clear responsibilities to assess the quality and safety of the service, systems have not yet been fully embedded in the service to drive and sustain the required improvements.
- Audits, carried out monthly at service level were inconsistent, and had not been robustly completed. For example, the IPC auditing at Donylands Lodge was found to be lacking in comparison to the satellite sites.
- Therefore, audits were not always feeding into the providers overarching quality and risk governance system to identify where quality and safety was compromised and what actions were needed to drive improvement. A series of audits reviewed, including medicines were in a tick box format, in response to a set of standards to show these were correct or had been dealt with. There was no robust analysis of the information to identify the strengths and weaknesses.
- Whilst we acknowledge there has been significant amount of work and financial input from the provider, it is of concern whilst audits had identified the environmental issues, these were not escalated to external bodies, such as the local authority, or fire service.
- The area manager had raised concerns with the housing provider. However, there had been a breakdown in communication with the housing provider who were failing to engage and fully understand the risks and poor housing conditions people were living in.
- Whilst the provider had made repeated attempts to engage with the housing provider, where they had met resistance, we would have expected the provider to have raised concerns with external authorities, who fund people's care about the risks to their safety.
- Following the inspection, the area manager shared with us; service improvement plans they had implemented in June 2023, for each of the services. These were to be reviewed as part of the registered

manager's monthly supervision, to review progress on actions from audits and analyse any themes or trends to drive improvements moving forward.

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

- Donylands Lodge, registered manager told us they communicated with all families using a WhatsApp group. Additionally, they were in the process of implementing a family forum, every 6 months for relatives to meet one another, receive updates on what is going on in the business and develop a support network.
- We received mixed feedback from relatives about communication between them and the service. One relative commented, "A recent addition is a WhatsApp group for me, management and [Family member's] main staff, so that's brilliant."
- However, some relatives felt communication could improve. Comments included, "I've got no reason to think they're not open and honest but they're bad at communicating," and "There is the manager or the head office, and it can be bit of trouble to get through, but I've got the personal number of the new manager, so it's been much easier to get things sorted."
- People's care records contained detailed communication plans. However, a member of staff working solely with a person who used Makaton as their preferred method of communication had not received training to ensure they were able to effectively communicate with the person.
- Staff had worked well with the positive behaviour support team (PBS) team and speech and language therapists (SaLT) to develop tools to help people communicate their choices and express their views.
- We reviewed the 'Our say satisfaction survey' sent to TLC family and friends. This reflected a low response rate and included feedback from the supported living services across the region. Therefore, we could not tell where feedback directly related to Donylands Lodge, and satellite services.
- Staff told us they were now having regular staff meetings and were able to have their say. One member of staff commented, "Notes of the meeting are taken, and we sign to confirm what we have said. This way there is an accurate record of issues we have raised."

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

- Systems were in place to respond to complaints in a timely way and used to improve practice.
- Since the last inspection and implementation of the new management team, the number of complaints had reduced, with only 1 complaint received in 2023.
- However, relatives provided mixed feedback about being listened to when things had gone wrong. One relative commented, "I wouldn't know where to begin, I've been given no framework. I've complained before to management, but the communication is so poor. I've complained and raised concerns to various staff members, but they don't tell me how or if it's been handled."
- In contrast another relative told us, "We have a really good dialogue, they're very transparent, whilst protecting private details."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new management team was in place, consisting of an area manager and 3 registered managers, split across Donylands Lodge and the satellite supported living services.
- Staff told us, there was better leadership with the new management team. Comments included, "[Registered manager] has been a god send, they are amazing, very supportive, small things count, where we are unsure of things, they will give advice, so things are getting resolved," and, "They [registered manager] are really good, just to talk to, especially if we've had a bad day, and they listen."
- Registered managers and staff were aware of the vision and values of the company, 'We are kind, resilient,

and passionate'. These were discussed at staff meetings, and explored with potential employees during the interview process to ensure the right staff were recruited.

- Registered managers told us they were aware of the poor culture and low staff morale within the service, when commencing in post. They had worked hard with staff to put previous issues behind them and build on a 'fresh start'.
- Staff told us morale had improved. Comments included, "Morale was really down, but it is completely different now, morale is 100% better, everyone is happy and relaxed," and "We have had our fair share of managers, who have not stuck around, we feel [registered manager] is in for the long haul, this makes the staff team happier, we feel listened to."