

Cygnet Care Services Limited

Devon 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Devon Lodge is a care home without nursing. It provides care and support for up to 12 adults with autism, learning disabilities and other complex needs. There is a main house which can accommodate 8 people and a self-contained annex that can accommodate up to 4 people. Both areas have their own kitchen, dining area and lounge. At the time of the inspection there were 10 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Whilst this inspection found that many improvements had been made, the service was not able to demonstrate how they were meeting all of the principles of Right support, right care, right culture.

Right support: We continued to find that risks relating to people's medicines were still not always effectively assessed, planned for and mitigated. We were assured that that people were being more appropriately supported to have a fulfilling and meaningful life that included achieving, or working toward, goals and aspirations. The environment was more homely, clean and better maintained. The service continued to plan for when people experienced periods of distress and this enabled staff to respond in a safe and effective manner. Staff continued to provide support in the way each person preferred and decision making followed best practice frameworks.

Right care: People were not always supported to have maximum choice and control of their lives and it was not always evident that staff had considered less restrictive options before limiting people's choices. Overall, care and support plans reflected a good understanding of people's needs. Improvements had been made which ensured that there were sufficient numbers of familiar staff available to provide a personalised response to people's needs. Staff understood how to protect people from abuse.

Right culture: The registered manager had not always effectively operated the systems that were in place to monitor the quality of the service people received. People's care continued to be enhanced by the involvement of a team of specialists employed by the provider, who worked closely with the support staff to develop a collaborative and problem solving approach to people's support. However, there continued to sometimes be a disconnect in practice between how staff told us people best communicated and the communication methods and styles documented in their care and support plans. Overall improvements had been made to ensure that staff had been recruited safely. Staff told us the registered manager performed their role effectively. They felt valued and involved in developing the service. Relatives and staff all told us the service had improved and they were happy with the changes.

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 25 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out an unannounced focussed inspection of this service on 24, 25 and 26 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve: safe care and treatment, the safety of recruitment, staffing, person centred care, the premises and the governance arrangements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contained those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 as requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We have also made a recommendation that the service explore a broader range of alternative options to support the use of debriefs with people in line with best practice.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Devon 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 1 inspector, an assistant inspector, a pharmacist from our medicines team, a specialist professional advisor with experience of working with people with autism and a learning disability, 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

Devon Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Devon Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing the quality of care and support people received. This helped us to understand the experiences of people who we were unable to communicate with. We spoke with the registered manager, deputy manager, regional manager, 5 day support staff and 2 night support staff. We also spoke with the regional maintenance manager, a speech and language therapist, an occupational therapist, psychologist and assistant psychologist. We reviewed a range of records. This included 5 people's support plans and 10 people's medicines records. We looked at 4 staff recruitment files and 3 agency profiles. We also viewed a range of records relating to the management of the service.

After the inspection

We received feedback from a further 2 support workers and from 1 social care professional. We continued to seek clarification from the provider to validate evidence found.

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 the same. 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.

Assessing risk, safety monitoring and management;

At our last inspection, the provider did not have effective systems and processes in place to assess, monitor and manage safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Insufficient improvement had been made at this inspection and the provider remained in breach of Regulation 12.

- We were not assured that all of the known medicines related risks had been appropriately assessed, planned for and mitigated.
- One person was at risk of experiencing a medical emergency, but the information available to guide staff contained out of date information as to the actions staff should take in response. A rescue medicine had been prescribed for this person, but this was no longer kept within the service. There was insufficient evidence to demonstrate that the decision to remove this had been made in conjunction with a clinician and we were not assured that the risk of removing the rescue medicine had been fully assessed and associated risks mitigated.
- Another person was prescribed rescue medicines in the event of them having a seizure. Risk assessments did not fully consider or mitigate how this medicine was to be administered when undertaking specific activities such as swimming.
- Other concerns identified during our last inspection had been addressed.
- Staff ensured that harmful chemicals were now stored securely.
- Information about known risks and how these were to be managed had been made more accessible for staff. For example, 1 person now had a clear plan in place to guide staff on how to respond should the person experience a seizure within the home. We did note that progress with finding a suitable monitoring system to alert night staff that 1 person might be having a seizure had been slow, although a system has now been ordered.
- Records provided assurances that fluid monitoring for one person was now being more effectively monitored.
- People had eating and drinking risk assessments and for those who were at risk of eating non-food items, there were also clear risk assessments in place and staff were aware of these.
- There were no blanket restrictions in place, however, there continued to be some evidence of restrictive practices being used which limited people's choices and for example, their access to drinks and snacks. It was not clear from the services 'Reducing Restrictive Practices Plan' or people's positive behavioural

support plans, what the rationale for some of these restrictions were.

- The main kitchen was mostly kept locked during the day and people stood at the kitchen hatch to request food or drinks, whilst staff accessed the kitchen to fetch this. It was not clear to us that this approach always had a firm basis in risk management. When we asked a staff member why 1 person could not access the kitchen to get a drink, we were told that this was allowed, but that they could not at that time because there were 2 jugs of juice in there, which he might pour away. We were not assured that in this instance, this was the least restrictive approach and also did not promote independence.
- Three people's care plans indicated that the amount of tea they were allowed to have was restricted. Whilst staff spoke about the health benefits of the approach for the person, again it was not clear how the approach being used was the least restrictive approach.
- The registered manager acknowledged that there was still more that could be done, and they told us that further work was underway to build people's tolerance of being in the kitchen environment whilst also maintaining safety. They also advised that plans were in place to hold a workshop within the service aimed at identifying and promoting the reduction in restrictive practices.
- Overall, staff managed the safety of the living environment well. Daily health and safety walk arounds and monthly health and safety audits continued to be completed. Checks were made of the fire and water safety within the service.
- People had a personal emergency evacuation plan to support their safety during a fire.

Using medicines safely

At our last inspection, the provider did not have effective systems and processes in place to ensure the proper and safe use of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12, but there remained some areas where improvements were still needed.

- Where medicines were prescribed 'when required' (PRN), there were not always PRN protocols in place to ensure staff had all of the necessary information needed to give the medicine, the expected outcome or when to refer to a clinician. The provider has begun to address this.
- The systems to ensure access to medicines was restricted to relevant staff were not always being effectively operated. The provider has taken action to address these concerns.
- There was evidence that rescue medicines were now always taken when people left the setting for activities or walks and there was no evidence of medicines not being available when needed or of missed doses.
- Staff administering medicines within the service were trained and had their competency assessed
- Staff ensured that people's behaviour was not controlled by excessive and inappropriate use of medicines
- Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and pharmacies.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. This included those interventions where restraint was used to protect the person or others from the risk of harm.
- Families were confident staff gave them honest information about the nature of incidents and the support provided. One relative said, "Staff will contact me about any critical incidents and are very open".
- The provider continued to have systems in place to help ensure that lessons learnt from incidents and accidents, both within Devon Lodge, and across the organisation, were shared with staff to help prevent similar incidents from reoccurring. For example, we saw resuscitation drills had been introduced following a

choking incident elsewhere within the provider's services.

- There were some areas where further improvements could be made.
- Whilst the registered manager had reviewed all of the incidents that had occurred, we were not fully assured this review was sufficiently thorough as it had not identified and resulted in action being taken to support staff to more accurately and appropriately record the use of physical interventions. We have discussed this with the provider and they have plans in place to provide additional coaching to staff on how to record these moving forward.
- Some of the language used by staff in incident forms was not in keeping with best practice, but this had not been identified and addressed with staff to ensure that they understood and applied best practice principles going forward. We have discussed this with the provider had they have plans in place to provide additional coaching to staff on how to record these moving forward.
- The registered manager also told us that a more intuitive, bespoke web-based incident reporting and risk management platform was being introduced which would direct senior staff to provide a more reflective incident review and also facilitated giving feedback to staff.
- There was some evidence that debriefs were being used to inform future positive behaviour support planning and organisation learning, although those seen did not always clearly evidence how the staff members involved had contributed to the review.
- Records showed that attempts were made to have debriefs with people using the service, the registered manager told us that the easy read tool currently being used was not suitable for many of the people using the service due to their levels of mental capacity and communication.

We recommend that the service explore a broader range of alternative options to support the use of debriefs with people in line with best practice and to ensure these are more meaningful.

Staffing and recruitment

- At our last inspection, the provider did not have effective systems and processes in place to ensure that all of the required recruitment checks were completed. This was a breach of Regulation 19 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 19, but there remained some areas where improvements were still needed.

- One staff member did not have a full employment history and another, whilst they had 2 positive references, 1 of these was not from their most recent employer in health and social care. The provider is taking action to address this.
- Records relating to agency workers were more organised and complete and provided assurances about their training and the outcome of the disclosure and barring service checks.
- The service had enough staff with suitable skills and knowledge.
- The number of staff deployed was based on the amount of 1 to 1, 2 to 1 and shared care hours that each person had been assessed as needing by their commissioners. This was provided by a team of support workers, activity staff and the PBS team and the leadership team.
- When we last inspected, the service had been experiencing significant recruitment and retention challenges and the use of agency staff was high. Improvements had been made and the use of agency staff had significantly reduced.
- The provider had embarked on a sponsorship programme to support recruitment from overseas. A number of new staff had been recruited via this scheme and were now in post and had undergone an induction and training programme, overseen by the management team, which had equipped them with the skills they needed for their new roles.

- Each person's support plans included a clear one page profile with essential information to ensure that new and temporary staff could quickly see how best to support people. The therapy team had also introduced the use of 'bum bags' which contained laminated crib sheets that described how the person might show they were happy or not happy, the activities they enjoyed and the sensory and communication strategies that were most effective for the person. This helped to ensure that this key information was accessible for new or less experienced staff.

Preventing and controlling infection

- Overall, the home looked visibly clean and cleaning schedules were more complete and included cleaning of the sensory room.
- Staff were continuing to experiment with odour neutralising systems to help manage specific challenges.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to maintain contact with their family members. The provider facilitated visits for people living in the home in accordance with current guidance.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection, we found that safeguarding incidents had not always been reported to relevant organisations. At this inspection, action had been taken to address this.
- Relatives were confident that their family members were safe.
- There continued to be appropriate policies in place to protect people from abuse and staff understood their responsibility to raise concerns. One staff member said, "Yes, I feel very confident that the management would address any concerns raised. Regular team meetings are held where all staff have the opportunity to share any concerns about the residents". Another staff member said, "I have no concerns regarding the safety and welfare of the residents at this time, but I would not be afraid to speak up if I felt it necessary".
- To promote a culture of staff feeling comfortable to raise concerns, the provider continued to ensure staff had access to a 'Freedom to speak up guardian' who made regular visits to the service and 'Safeguarding supervisions' were being held with staff to ensure that they understood their role and responsibilities to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection, the premises were not consistently well maintained and adapted for people's needs. This was a breach of Regulation 15 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- Improvements had been made which ensured that overall, people's care and support was provided in a safe, clean, better equipped and well-furnished environment.
- People's private spaces were more personalised, comfortable and homely and met their individual sensory needs. This remained a work in progress as staff worked with people to experiment with new additions to see if they liked or could tolerate these in their personal space.
- Improvements had been made to address our concerns regarding the safety and robustness of the flooring in some areas and to the cleanliness of a number of fixtures and fittings throughout the home, although this was an ongoing task as some of the fixtures could at times be damaged by people when distressed.
- The communal lounge in the main house had been refreshed. New, comfortable furniture had been obtained and curtains were now in place. This was a pleasant space for people to spend time in and it was evident that they felt able to relax here with staff, engaging in activities of their choice or watching TV.
- There were plans to further develop the garden to include more opportunities for social and leisure interests. There were for example, plans to introduce raised beds for gardening and to repurpose the summer house into an area for people to get involved in activities such as carpentry.
- We did note that in some people's rooms, there continued to be a storage problem, with possessions being stored in boxes for example. The registered manager told us they would look to resolve these challenges as soon as possible.
- Relatives mostly spoke positively about the environment. Comments included, "His room is comfortable, well maintained and personalised for him".

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

- Overall people had care and support that was personalised and reflected their needs.
- The provider had a positive behaviour support (PBS) team which consisted of a clinical psychologist, an assistant psychologist, a speech and language therapist and an occupational therapist. The PBS team

worked with staff to understand people's individual needs, the circumstances in which they might become distressed, their communication and sensory needs and also provided role modelling and coaching to staff. Their assessments were used to inform support plans and the approaches of the staff team.

- Staff understood the reasons for people becoming distressed and were able to respond appropriately to keep anxieties at a low level.
- There had been improvements in how staff were supporting people to work toward future goals and greater independence and we observed staff supporting people with skills teaching although there also continued to be some disconnect between the provider's PBS team and the support staff in terms of implementing communication tools and understanding of engagement strategies. For example, we asked 1 member of staff how they communicated with a person. They told us they used 'objects of reference'. We asked where they were and were told that they were locked in the office upstairs and that the key to this room was held by the team leader who was in the main house. We were not assured therefore that the promoted communication techniques were always being used in practice.
- Through our discussions with the PBS team we were assured they were continuing to train, mentor and role model engagement strategies with staff, but this remained a work in progress, particularly as many of the staff team were new.

Staff support: induction, training, skills and experience

- All new staff were provided with a 2 week induction during which they completed required training but also a number of shadow shifts. This enabled them to begin to learn about people's individual needs and how they might best be supported.
- People were supported by staff who had relevant training. This included training in autism and learning disabilities that had been co-designed and was co-delivered with people who had lived experience.
- Staff continued to be trained in a safety intervention programme which used person centred approaches to deescalate anxiety and distress. Some staff told us that they would value more in depth training with regards to this to further develop their confidence.
- Training also included a support and engagement module. This included observation of each staff member supporting people to ensure that they understood how to deliver personalised support in line with people's communication and support plans.
- Action had been taken to ensure that training on the use of the rescue medicine, buccal midazolam, included a practical demonstration.
- At our last inspection we had noted that staff were not trained in the use of all of the communication tools that people within the service used. This remained a concern. The registered manager told us that they were arranging for 'Makaton' champions to undergo training and then to cascade this to the staff team, it was not clear to us, however, why there had been a delay in taking action to address this training need.
- Staff received support in the form of continual supervision and appraisal which they told us was effective and promoted their continual development. One staff member told us, "For me as one of the newer people, I couldn't have had any more support".

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

- People were supported to eat and drink enough to maintain a balanced diet. One relative told us, "Staff are aware of what he likes...he eats well and has fresh fruit".
- There was some evidence that people were involved in choosing their food. For example, we saw 1 person independently choosing to have a cereal and milk for their breakfast which they also prepared independently.
- Pictures were used to support people to choose between 2 options for their lunch and it was positive that the lunch service was flexible and there was no pressure to eat at a specific time.
- Resident meetings were used to try and find out about people's food preferences and this information was

being used to inform menu planning.

- People were encouraged to eat healthily, and relatives were happy that people's access to drinks and snacks was monitored and in some cases restricted, but we were concerned that at times, this meant, that people not always able to have a drink or snack of their choice at a time of their choice. We were not assured that there was a clear rationale for the approaches being used. We discussed this with the registered manager who told us there were concerns around oral health and weight management and for some people, structured routines helped to prevent anxiety, but acknowledged that support could at times be too rigid and that this was a work in progress but that his philosophy moving forward was to ensure flexibility and a better balance between health and positive risk taking.
- We have commented elsewhere in this report that there was still more that could be done to actively encourage people to be involved in the preparation of meals. The chef told us they would like to be able to support people to do more kitchen based activities and were working on how to facilitate this safely.

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

- There was evidence of the internal multidisciplinary team, being involved in planning and developing people's support. This included sessions by the psychologist, occupational therapist and speech and language therapist. This helped to assess risks and develop new strategies to meet people's needs.
- There was some evidence that staff worked with healthcare professionals to promote people's good health including GP's, dieticians, dentists and specialists. Sexual health support plans were in place, however, whilst there was evidence that annual health reviews took place, the resulting health action plans lacked detail and we were not always assured that the planned actions had been completed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions whether this be through verbal or nonverbal means and we observed that staff tried to empower people to make their own decisions about their care and support needs where this was possible. For example, we saw evidence of staff using visual cues to support people to make meal choices and about which activity they would prefer to do.
- Where people lacked capacity, advocates visited the service to represent their interests.
- A range of mental capacity assessments had been undertaken to ascertain people's capacity to consent to a range of decisions including about the use of CCTV within the service.

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 the same. 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

- At our last inspection, the governance arrangements had not been fully effective at identifying all of the areas where the quality and safety of the service was compromised. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

There had not been enough improvement at this inspection and the provider remained in breach of Regulation 17.

- A range of governance processes were in place but were still not being fully effective at identifying all of the areas where the quality and safety of the service was compromised.
- Whilst we did note a number of improvements, we continued to have concerns regarding how some risks to people's health were assessed and mitigated. This meant that we could not be assured that regulatory requirements were always being fully understood.
- Opportunities for learning and improving the care provided were sometimes missed. Whilst the registered manager had reviewed all of the incidents that had occurred, we were not fully assured that this review was sufficiently thorough as it had not resulted in action being taken to support staff more accurately and appropriately recording the use of physical interventions.
- Some of the records relating to people's care continued to be incomplete or contain some inaccuracies that had not been addressed through a robust governance processes.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014. Good Governance

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

- At our last inspection, we found the care and support was not consistently ensuring that people's individual preferences and needs were being met.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Relatives were more assured that the service was achieving positive outcomes for their family members.

Comments included, "My son is happy and relaxed" and "They are very good, [Person's name] was not happy. Staff did a countdown to calm him, were kind sympathetic and reassuring... staff will encourage independence and help him be active". Another relative said, "Life is as best as it can be...He likes to laugh and smile with staff".

- A more consistent staff team meant support workers knew people well and were able to talk to us at length about people's preferences, abilities and the things that they enjoyed but also about the experiences that might make them become distressed and how they might present when this was the case.
- Records provided some assurances that staff used visual and verbal prompts to help people with completing personal care tasks and there was some evidence that people were being supported to be involved in preparing their own breakfasts and suppers through staff using, for example, 'hand over hand' techniques to guide and support which was positive.
- We observed staff members supporting 1 person to develop their numeracy, language and comprehension skills. This was done in a relaxed and encouraging manner and it was evident that the person was engaged and enjoying the interaction.
- We watched staff reading a story to 1 person and asking them questions about this. The person was really engaged in this and smiling and making happy vocals.
- Social stories were being used to good effect to help people better understanding specific events or changes to planned routines and minimise distress about this.
- Some autistic people can have greater difficulty in moving from one task to another or in managing changes of routine. We observed staff effectively supporting 1 person to understand that 1 activity was going to finish, before another started. Staff used a one-minute sand timer, when the timer ran out the person happily transitioned to another activity which they also clearly enjoyed. Staff also told us how they used preparation strategies, countdowns and now and next schedules to help people cope with transitions.
- Since the last inspection, an activity coordinator had been appointed for 28 hours each week and there was evidence staff were supporting people to have more access to social, leisure and recreational activities in the local community. This was commented on by a family member who told us, "They take him to the café for a coffee, out for meals, [Theme park name] and a panto". Another relative told us how recently their family member had a choice of going to a fast food restaurant or to the scooter park. They added, "As it was raining, he got both!".
- Records showed that people were also being supported to go swimming, to the seaside, out for walks, drives, shopping and to activity centres. One person had recently been supported to go on a holiday for the first time in 2 years.
- Our last report had raised concerns about missed opportunities to use evenings as a time when people could be further supported to undertake hobbies or leisure interests. Night staff told us that whilst it was still rare for people to go out in the evening, this time was used to get people engaged in supper preparation, having sensory baths, relaxation and listening to music. They told us that people seemed to enjoy this time and often made happy vocal sounds indicating they were settled.
- People were supported to stay in regular contact with their family. One relative told us how staff had arranged transport for them to have a meal with their relative at a local pub which they had valued.
- However, some relatives, whilst noting progress, did feel that there was scope to make further improvements by having an even greater focus on developing new interests, particularly in the community. For example, 1 relative said, "They need to push a little further with encouragement to do things, they should not give up on him". Another relative raised concerns regarding the lack of evidence that their family members funding for trips into the community was being used to its full potential. They said, "Staff do try and encourage, but they can refuse, they need more coaxing, they could do more".
- We noted that there remained a lack of progress with the use of people's individualised activity plans to provide a pathway to learning or embedding independence within the home. We reviewed 4 people's daily notes for a 2 week period and whilst we could usually see that some activities were taking place, there was

only limited evidence that the activities cited in the person's individualised activity plans were being facilitated by staff.

- As noted elsewhere in this report, more progress was needed with trying a range of techniques that promoted safe access to the main kitchen which we observed still remained locked for significant periods of time. The activities lead told us, "We do encourage staff to make sure [People] make their own sandwiches, toast, we do baking as close to or in the kitchen if possible... I'm not giving up, I am seeing if there are more alternatives, can we put locks on certain cupboards.... It is a work in progress. Sometimes, you get it wrong before you get it right".
- Since our last inspection, there had been a new registered manager appointed. Relatives and staff told us that this had had a positive impact on the culture within the service. For example, 1 relative said, "It is managed better now...there is a happier atmosphere... communications have improved... when I take him back, he is happy and content to go" and another said, "The manager is great and very approachable". A third relative said, "The atmosphere is upbeat and lively".
- Staff told us that the registered manager was visible within the service, approachable and took a genuine interest in their views. One staff member said, "Things are so much better, we have had a lot of new starters, I always get on well with [Registered manager] I can talk to him about anything, he and [Deputy manager] are like a little 'A' team". Another staff member told us, "I look forward to going to work at Devon lodge". A third staff member said, "The night and day teams are working together better, we have more staff, everyone is working very hard... Morale is pretty good at the moment".

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

- Staff gave honest information, suitable support, and applied duty of candour where appropriate.
- Where incidents had occurred, there was evidence of some reflection and lessons learnt were identified and shared with staff to help promote safety.

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

- Staff meetings took place and minutes showed these were a forum where staff could raise concerns or make suggestions.
- One staff member said, "My manager is very confident, responsive and always makes time to listen to me... I feel valued as a member of staff".
- Relatives felt welcomed at the service and told us that staff worked in partnership with them.
- There were a number of positive comments from relatives about the summer BBQ and how this had been really successful and an opportunity to meet the new staff and leadership team.
- Most relatives felt that communication with the service was usually good, but some concerns were raised about key information not always being shared in a timely manner, including when this related to medical treatment.
- There was evidence that staff sought feedback from people to develop and enhance their care and support. For example, during a recent meeting, there was evidence that talking mats and easy read documentation were used to seek people's views.

Working in partnership with others

- Staff worked with a range of healthcare professionals to meet people's needs, this included GP's, community nurses, wheelchair services, dentists and specialists.
- Staff worked in partnership with advocacy organisations which helped to give people using the service a voice.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance arrangements continued to not been fully effective at identifying all of the areas where the quality and safety of the service was compromised. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider continued to not consistently have effective systems and processes in place to assess, monitor and manage safety. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.</p>

The enforcement action we took:

We issued a warning notice telling the provider they were required to become compliant with Regulation 12, section (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 3 April 2023.