

Achieve Together Limited

Durlston House

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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.

About the service

Durlston House is a residential care home providing personal care to 5 people at the time of the inspection. The service can support up to 5 people.

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

Right Support

The provider did not have enough suitably trained staff to provide the support people needed. Staff were not suitably trained to administer rescue medicine, prescribed for one person in the event of a prolonged seizure. The service did not have sufficient staff to provide support in line with the hours commissioned by the local authority. This restricted some of the activities that people could participate in.

Systems in place to manage risks to people were not always effective and records were not always up to date. Some records contained conflicting information about the support people needed to stay safe. Staff completed incident reports where necessary, however, these had not been reviewed by the management team in a timely way. This increased the risk that action would not be taken to learn lessons following incidents.

The provider had good infection prevention and control systems. Staff took appropriate action to prevent the transmission of infections. The home was clean and hygienic.

People were supported to plan and prepare their meals. Staff provided support and guidance on maintaining a balanced diet.

The service had been designed to meet people's needs. Self contained accommodation had been built in the home to meet the needs of 1 person. Other people had been supported to personalise their bedroom to make them comfortable spaces.

Right Care

People were treated with kindness and appeared comfortable and relaxed in the presence of staff. We used the 'Talking Mats' communication system with 1 person, who told us they liked the staff. Relatives told us they thought people were well treated and were confident their relative was protected from abuse.

Staff demonstrated a good understanding of people's needs. We observed staff interacting with people in a friendly and respectful way.

People were supported to access the health services they needed. Regular assessments were completed to ensure people had attended regular health appointments, such as dentists, annual health checks and specific health clinics.

Right culture

Staff did not always work within the principles of the Mental Capacity Act (MCA). We identified 2 examples where staff had restricted people. At other times we observed staff working within the principles of the MCA and records of support also demonstrated this.

Staff did not consistently use people's enhanced communication systems.

The provider did not have effective systems to assess, monitor and improve the quality of the service being provided. The systems that were in place had identified improvements were needed, but actions to make these improvements had not been completed in a timely way.

People were supported to maintain key relationships and take part in a range of activities, although some activities were limited due to staffing levels. Staff supported people and their representatives to make decisions about their care. These views were recorded in their support plans.

Staff worked in ways that respected people's privacy and dignity.

The service had newly appointed manager and area manager. They reported they were aware of the shortfalls and were in the process of addressing them. The manager said their focus was on recruitment, to ensure they had sufficient staff to provide safe and positive support for people. Relatives told us communication with the management team had improved significantly since the appointment of the present manager. They said the manager had worked with them to resolve any concerns.

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

Rating at last inspection

This service was registered with us on 1 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches of regulations in relation to safe care and treatment, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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 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 effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Durlston House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

One inspector and an assistant inspector carried out the inspection.

Service and service type

Durlston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since it was registered. We sought feedback from partner agencies such as the local authority 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 are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 1 person to tell us their experience. We spoke with 3 relatives of people who live at Durlston House.

We spoke with 8 members of staff including the manager, area manager, deputy manager and 5 support workers.

We reviewed a range of records. This included 3 people's care records and 5 medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two professionals who have contact with 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 of 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.

Staffing and recruitment; Using medicines safely

- The provider did not have enough suitably trained staff to provide the support people needed.
- The service was not providing sufficient staff to provide support in line with the hours commissioned by the local authority. The manager reported the provider had implemented a 'safe staffing' level, which was below commissioned hours. In the four weeks before the inspection the service was commissioned to provide 168 hours of 2:1 support, but provided 105. The shortfalls in 2:1 support for people restricted the activities they could participate in outside the home.
- Relatives told us staffing levels had been difficult. Comments included, "They have a significant challenge around staff. This is my biggest concern" and "It has been a difficult couple of years due to lockdown, poor management and shortages of staff. [Person] has experienced high anxiety."
- One person was prescribed a rescue medicine to be used in the event of a prolonged seizure. However, the medicine was not being held in the service as the provider did not have sufficient staff trained in how to administer it. The manager reported training was planned for staff. Staff had been instructed to call an ambulance in the event of a prolonged seizure until they were trained to administer the rescue medicine. The lack of suitably trained staff increased the risk that the person may be harmed.

The provider had not ensured there were sufficient numbers of suitably qualified, competent and skilled staff to meet people's assessed needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us recent recruitment had been successful and they had staff who were waiting to start following the completion of recruitment checks.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and a record of medicines held in the service.
- Staff had been thoroughly checked before they worked in the service. These included a criminal record check, references from previous employers and confirmation of their right to work in the UK.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems in place to manage risks to people were not always effective, and records were not up to date.
- One person's records contained conflicting information about the support they needed in the event of a prolonged seizure. One document stated a paramedic should be called after 3 minutes, while another document wrongly stated this should happen after 5 minutes. This increased the risk of harm to the person. The manager removed the document stating 5 minutes during the inspection.

- Risk management plans for altercations between people and for the management of epilepsy stated staff carried two-way radios to request assistance. During the inspection we observed staff not carrying radios. Staff and the manager confirmed they did not routinely carry the radios during the day.
- Risk management plans for 1 person stated staff should wear protective hats at all times when providing support. We observed that staff were not always wearing the hats when supporting this person and the regional manager said staff needed to be reminded to do this. Staff confirmed they did not always wear the hats.
- One person had risk assessments which stated they were due for review in February 2022. This review had not happened, with the most recent document having been completed in October 2021. This risk assessment also stated staff carried radios as a measure to reduce the risks the person faced.
- Staff completed incident reports where necessary, however, these had not been reviewed by the management team in a timely way. Incidents reports going back to September 2022 did not have any management review recorded, or actions to reduce the risk of similar incidents occurring again.

The provider did not have effective systems to assess and mitigate risks to people. This placed people at 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.

Systems and processes to safeguard people from the risk of abuse

- We used the 'Talking Mats' communication system with 1 person, who told us they were happy living at Durlston House.
- Relatives told us they were confident people were safe. One relative commented, "I have no concerns about abuse or anything untoward."
- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate safeguarding issues when concerns had been raised.

Preventing and controlling infection

- 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.
- The provider was supporting people to have visitors in line with the most recent government guidance.

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.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff did not always work within the principles of the MCA. We identified 2 examples where staff had restricted people. In 1 incident a staff member had restricted a person from using their computer as a consequence for not following their agreed routine the previous day. In the other incident a staff member repeatedly ignored a person's clear choice about a film to watch and played a different film.
- At other times we observed staff working within the principles of the MCA and records of support also demonstrated this.
- DoLS applications had been authorised by the local authority and the provider had submitted applications for these to be renewed. The provider was complying with conditions on authorisations.

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

- People's needs were assessed before they moved into the service and had been regularly reviewed.
- Relatives told us staff understood people's needs and usually provided the right support. One relative expressed concern that the staffing problems impacted on the consistency of support, commenting, "I question whether they are able to deliver autistic specialist care because they are over reliant on agency staff. Things happen, but then it tails off."
- Staff had worked with specialists to develop care plans. Examples included positive behaviour support practitioners and specialist nurses.

Staff support: induction, training, skills and experience

- Staff said most of the training they received was good, and gave them the skills they needed to do their job. Two staff expressed concern that the provider's new training programme, to support people when they may harm themselves or others, was not specific in respect of the needs of autistic people. The manager told us they were aware of the concerns and were discussing this with their training department.
- The manager had a record of all training staff had completed and when refresher courses were due. The manager was aware of the need for staff to complete training in the administration of rescue medicine for 1 person and had prioritised this since being in post.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction.
- Staff had regular meetings with their line manager to receive support and guidance. Staff said they have felt well supported since the new manager had been in post.

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

- People were supported to plan and prepare their meals. Staff provided support and guidance on maintaining a balanced diet.
- People had access to food and drinks throughout the day and staff supported people if needed.

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

- The service had been designed to meet people's needs. Self-contained accommodation had been built in the home to meet the needs of 1 person. Other people had been supported to personalise their bedroom to make them comfortable spaces.
- The service had several separate shared spaces, which enabled people to choose how much contact they had with others. People were able to use different parts of the service for a range of activities, including a secure outdoor garden space.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access the health services they needed. Regular assessments were completed to ensure people had attended regular health appointments, such as dentists, annual health checks and specific health clinics.
- Relatives told us people were supported to access health services they needed. Comments included, "Pain is managed well and [person] is supported to attend medical appointments."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and appeared comfortable and relaxed in the presence of staff. We used the 'Talking Mats' communication system with 1 person, who told us they liked the staff.
- Relatives told us people were well treated. Comments included, "[Person] is very happy and settled there" and "[Person] comes home regularly and always seems very happy."
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.

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

- Staff supported people and their representatives to make decisions about their care. These views were recorded in their support plans.
- Staff had recorded important information about people, including preferences regarding their daily support.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity.
- Confidential records were locked away when staff were not using them.
- Staff encouraged people to do things for themselves where possible, to maintain 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.

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.

- Staff did not consistently support people to use communication tools assessed to be needed.
- Communication profiles were in place to give staff guidance on people's communication needs. People used some additional tools to aid their communication, such as tablet computer programmes and Makaton sign language. During the inspection we did not see staff using these additional communication tools with people. A relative told us "[Person] isn't always supported to use his electronic communication system. There has been no consistency."
- People did however appear to understand and be understood by staff and there seemed to be good relationships between staff and people, where people seemed relaxed.
- We also observed staff using short, symbol sentences to help communicate with people effectively.

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

- People had been supported to develop care plans which were specific to them. Plans included information about people's life history, relationships and what was important to them.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted.
- Relatives told us people usually received the support they needed. Comments included, "[Person] has a core team around them who have a good understanding of their needs. They have proven it is possible to create an environment where [person] is calm."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain key relationships and take part in a range of activities, although some activities were limited due to staffing levels.
- Staff told us people did lots of activities both on and off site including going for a drive, shopping, going to football match, theatre, restaurants, games, arts and crafts, and swimming. However, a senior support worker told us they chose the activities that would happen, based on the competency of the staff and how familiar the staff were with people. This meant that people did not always have a choice about the activities they did. We observed people playing games, watching television, going into the garden, using a computer

and preparing lunch.

- Relatives told us people were still able to take part in activities that were relevant to them. One relative commented, "[Person] still gets out. We have regular photos of things he is doing."

Improving care quality in response to complaints or concerns

- No formal complaints had been received since the current provider had been running the service. Relatives told us they were aware how to raise any complaints and were confident they would be addressed. Comments included, "I am now 100% confident action would be taken if I raised any concerns. I didn't feel like this 3 to 4 months ago" and "I don't have any complaints, but I am confident any concerns would be addressed by the manager."
- The provider had a complaints policy and a process to manage complaints and concerns.

End of life care and support

- No one was receiving end of life care at the time of the inspection.

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

- The provider did not have effective systems to assess, monitor and improve the quality of the service being provided.
- The provider had identified improvements that were required at the service; however, these had not been followed up effectively. The provider's plan contained 20 improvement actions that were highlighted as overdue. For example, an action to review risk management plans for a person following a safeguarding incident had been set in August 2022 and was due for completion in September 2022. The action had not been completed. Other overdue improvement actions related to completing management reviews of incidents, reviews of risk management plans, fire safety training for staff and updating key personal information about people.
- The service did not have a registered manager in post. A manager had been appointed and told us they planned to submit an application for registration.

The provider had not ensured the systems to assess, monitor and improve the service was effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a newly appointed manager and area manager. They reported they were aware of the shortfalls and were in the process of addressing them. The manager said their focus was on recruitment, to ensure they had sufficient staff to provide safe and positive support for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The manager understood their responsibilities under the duty of candour. There were systems in place to ensure the provider worked in an open and transparent way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager responded to issues raised and let people know what action they had taken.
- Relatives told us communication with the management team had improved significantly since the appointment of the present manager. They said the manager had worked with them to resolve any concerns.

- Staff told us they felt listened to and valued by the new manager and area manager. Staff said they found the new management team very supportive, which they felt was an improvement.
- Two health and social care professionals told us the manager worked well with them to meet people's needs.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have effective systems to assess and mitigate risks to people. This placed people at risk of harm. Regulation 12 (2) (a) and (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the systems to assess, monitor and improve the service was effective. Regulation 17 (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient numbers of suitably qualified, competent and skilled staff to meet people's assessed needs. This placed people at risk of harm. Regulation 18 (1)