

Care Management Group Limited

Durlston Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Durlston Lodge is a care home for people with autism and learning disabilities. The home was providing personal care to six young adults during the inspection.

People's experience of using this service:

This was a focussed inspection around the key questions of is the service effective and well-led.

Recruitment initiatives had not proven to be successful, there were long standing vacancies and a reliance upon temporary support staff and agency staff. This would not be a cost effective or sustainable measure for staffing the service long-term. It meant people were frequently being supported by staff who may not know them well.

Staff conflict had occurred, and the morale of the service had been discussed at team meetings. Staff told us this had improved in the past few weeks before the inspection. The registered manager told us resolving conflict had taken their time away from other managerial responsibilities.

There was no overarching system for the registered manager to maintain an overview of where improvements were needed in the service. This meant actions were being set following audits or meetings but these were not being met.

Actions identified in team meetings affecting people's care plans were not always being addressed. For example, one person's support tool was being raised as not being used correctly for three consecutive monthly meetings.

Actions identified in quality monitoring audits were not always being addressed. This included actions to add additional information to people's risk assessments.

People's care plan reviews were behind schedule, as were staff supervision meetings and staff training. There were long-standing requests for redecoration of the home which were only acted upon by the provider following feedback on the first day of the inspection.

The senior and shift lead staff were not able to be given the required administrative time as part of their role, this left additional responsibilities for the registered manager. The registered manager was also being required to also work directly supporting people.

Rating at last inspection: Good

Why we inspected: This focussed inspection was prompted partly by a feedback we received. The feedback identified concerns in the staff culture, staffing levels, and assessments of people's needs. During the

inspection we found aspects of these concerns to be substantiated.

Follow up: We will continue to monitor the service and use intelligence we receive to inform when the next inspection will take place.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not always effective.

Details are in our Effective 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 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

Durlston Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We notified the registered manager of our inspection 48 hours' before we visited the service. This inspection took place 5 and 6 June 2019.

What we did:

Before we inspected, we reviewed information that we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we reviewed documents and records relating to people's care, including care plans for three people. We looked at staff meeting minutes, management audits, training statistics, maintenance requests, and staff supervisions. In addition, we spoke with four members of staff, the registered manager and the regional manager.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- People were being supported by staff who were not up to date in their training refreshers. Refreshers for medicines, fire safety and legionella were out of date for some members of the team. There were no scheduled dates in place to address this. The out of date training had been identified in a regional manager audit in February 2019, with a date to be completed of 30 March 2019. This had not been acted upon.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supervision meetings with their senior or the registered manager had fallen behind schedule in the two months prior to the inspection. This was due to the registered manager having to prioritise their workload due to staffing. Staff told us they knew they could speak with the registered manager whenever they needed to, and they would not hesitate to ask for support.
- Staff spoke highly of the training they had received and said they felt they could ask if they would like training in other areas.
- Due to the temporary nature of agency staffing, they would not always have the experience of having worked with the home. This took permanent staff time away from directly focussing on the person they were supporting. One staff member said, "Sometimes it is like supporting two people, because you have to guide the agency staff, which is through no fault of their own." We observed good and person-centred practice from agency staff observed during this inspection. Where possible, agency staff were block-booked, however there were occasions which meant agency staff which had never been to the home would be supporting people.
- Agency staff training records were accessed by the registered manager, ahead of approving them to work at the home.

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

- Care records were not consistently updated when people's needs changed. Six monthly formal reviews of people's care plans, to ensure their assessments were up to date were not being completed within the providers required time schedule.
- Where audits identified changes or updates were needed in people's care plans, these were not acted upon in a timely manner. For example, audits had identified in January, February and March 2018 that one person needed to have a profile created about how staff could support them to take their medicines. This was put in place in April 2018. For another person, a staff meeting in March had identified concerns regarding risks when bathing. However, this had not been put into their care plan or incorporated into personal care risk assessments. The reliance upon agency staff meant they would not have access to up to date information

about people's care needs and associated risks.

- Staff team meetings identified that some staff were not delivering care in accordance with guidance for the person. It was raised that staff needed to refresh their knowledge on how to use one person's communication support tool at the team meetings held in January, February and March 2019. The tool meant staff could communicate to the person what was going to happen and what would happen next. This was a recurring issue for three months, highlighted as what was 'not working well' for the person.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a lack of guidance around what actions staff should take when monitoring a person's temperature after their hospital discharge. Records showed the person's temperature dropped as low as 34.3, 34.6, and 35 degrees Celsius in the second day since they were discharged from hospital. The recording form instructed staff to seek healthcare guidance. Records did not reflect action had been taken, or the person's temperature had been re-taken to ensure it had been accurate. There was no guidance to indicate what the person's normal body temperature would be.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to attend regular health care appointments, including the dentist and GP. Annual health-checks were 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's mental capacity was assessed for decisions where they may lack the mental capacity to make the decision themselves. Where people lacked the mental capacity, best interest decisions were made. Health and social care professionals were consulted, as well as people's relatives or representatives.
- Staff had received training in the MCA and knew how to apply the principles of the act to their roles and the support they provide to people.
- DoLS applications were made to the local authority, however the restrictions recorded in the DoLS application were not reviewed and updated where people's needs changed.

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

- One person had a specialist toilet seat and when this broke there was a 12-day delay before the replacement arrived and was fitted. This had compromised the person's dignity when staff did not consider using an alternative bathroom to support the person. Instead they were supported to use the toilet in a way

that compromised their dignity. When we drew attention of this practice to the registered manager and a second toilet seat was ordered.

- Requests were made for redecoration of the service, which included bannisters, bathroom and hallway redecoration, but these requests had not been responded to in a timely manner. The registered manager had made requests for redecoration. These dated back seven months prior to the inspection. There were areas of the home that had not been re-sealed following mould being removed. There was paint coming off bannisters, which made it difficult to ensure a high level of cleanliness. Following feedback on the first day regarding this, the home received confirmation of a decorator being booked to visit the home to complete the required works.
- People chose what colour they would like their bedrooms to be and had received support to personalise them. One person wanted to go to the shop to choose their paint colour, while others preferred to make their choices from a paint colour chart.
- One person had a semi-self-contained flat, as part of the main house. They had their own lounge, bedroom and bathroom in the flat. This supported the person's sensory needs as they could become anxious when in the company of others and preferred their own space.
- Technology was used to promote people being involved in decisions relating to their care. One person had a specialist technology communication tool which was calibrated to their eye movements. The home had applied for funding for this item and were working with the person to promote them using it for different decisions.

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

- Menus were made in advance, based on foods people enjoyed.
- People were offered a choice of two hot main meals in the evening. Staff told us if people did not want either option, they would support them to have an alternative. Records showed people had different meals based on their preferences.
- We saw people heading out to lunch with staff.
- People were being supported to make healthier choices. For one person this involved changing a high sugar snack to a chocolate rice cake. There were observations recorded to show this healthier choice was well received by the person.

Staff working with other agencies to provide consistent, effective, timely care

- Referrals had been made to health and social care professionals. These included the occupational therapist, speech and language therapist, GP, nurses and psychiatrist.
- Advice and guidance from professionals was included in people's care plans. We saw for one person, information from their dietician had been included in their care plan, along with support leaflets.
- Where staff had identified changes in one person's needs, the team had worked together effectively to monitor this and adapt the person's care and plans accordingly.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, risks and regulatory requirements

- The lack of permanent staffing affected the registered manager being able to effectively be clear about their role and their ability to meet the regulatory requirements. Recruitment adverts and initial screening of applicants was managed by the provider's head office. The registered manager told us there were ten full time support worker positions vacant. One member of agency staff had worked at the home for almost one year. The senior staff at the home were not being given the administrative time required for their role, which reduced the support they could provide to the registered manager. This meant the registered manager had no option but to take on responsibilities of support workers, shift leaders and senior staff, as well as their own role.
- In addition to the registered manager being required to take on the responsibilities of other roles, they were also on-call, 24 hours a day for five days a week. Their on call duties also included being responsible for all four homes in Wiltshire one weekend in every four. When asked, they confirmed this did make it difficult to switch off from work.
- The registered manager was supported by a regional manager whose time was split between being required to support four services. The regional manager was also responsible for developing registered managers at other locations also experiencing difficulties in recruitment. Staff were being shared between services because of the provider's unsuccessful recruitment initiatives.
- People were being regularly supported by staff who did not know them well, whether they were from another service, on a temporary placement at the home, or agency staff. This meant the registered manager could not allocate staff based on a skill mix or level of experience as they would like to do. The registered manager told us agency staff would usually be allocated to people who were more accepting of being supported by different staff. The priority had to be to maintain staffing levels, rather than being able to have staff that knew the person well.
- The provider's unsuccessful recruitment drives for the service meant the registered manager could not develop permanent staff into senior positions. Staff time was required directly supporting people, so staff could not take on additional responsibilities.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Audits and action plans were ineffective because actions were not being completed where shortfalls were identified. This led to actions being carried over from one month to the next.

- Different audits and meeting minutes identified different actions, but there was no overarching action plan held by the registered manager to collate all the actions required. This meant when we raised repeated actions that had not been addressed with the registered manager, they did not always know whether action had been taken or not. For example, a regional manager audit in December identified the risk assessments for one person's epilepsy did not contain up to date information. This was again raised in the February audit. We checked and spoke with the registered manager and found this information had still not been updated. The registered manager had to check the person's care plan and risk assessments because they did not know if the plans had been updated.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; and how the provider understands and acts on their duty of candour responsibility

- Staff team meeting minutes evidenced there had been staff conflict at the home. This had impacted staff morale, particularly when working additional hours and supporting agency staff. Staff were grateful of the support they received from agency staff. However, they knew staff who had not spent time with people would need more assistance than a permanent staff member. Staff told us they felt the culture in the home had improved since the conflict had been addressed.
- People's relatives received a weekly communication update. This included information about what the person had been doing and eating, as well as other observations such as how well they slept.
- Records showed staff spoke with people's relatives on the phone in the event of any incidents or needing to discuss their health care.
- When people had been admitted to hospital at short notice, there had been communication with relatives. Notifications were also made to the local authority and CQC.

Planning and promoting person-centred, high-quality care and support with openness, understanding quality performance

- People's care plan reviews were out of date and were not always updated when it had been identified that additional information needed to be added. This meant agency staff or temporary staff would not always have access to up to date information about the person they were supporting.
- The registered manager told us they knew documentation was not consistently up to date and explained this was not helped by the staffing difficulties.
- Where there had been staff conflict, the registered manager had put in place development plans for the staff members involved. These development plans documented the staff behaviours and recognised where improvements had been made.
- The registered manager had a positive vision for the service moving forward. Their plans included focussing more on supporting people with developing their skills, such as in the kitchen and preparing food or drinks. They told us, "It is great a person can go horse riding, but they can also see doing something like making a cup of tea as a personal success for them. It is something I really like to promote, and the staff like it too."

Working in partnership with others

- The registered manager told us there had been challenges following the change in provider eight months prior to the inspection. They said they were not always sure who to contact if they needed assistance.
- Comments from staff about the change in provider included, "It is less personal", "Previously when we were [previous provider], the directors knew everyone and every member of staff", and "The changes in provider impact staff at homes more than they realise."
- The provider had a service support team (SST). The SST were a team of staff allocated to work at homes on

a temporary basis to cover shortfalls in staffing levels.

- The registered manager explained they supported and received support from other registered managers in the provider's local care homes. They told us they may visit and complete an audit or discuss challenges together to share ideas.

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>Care plan reviews and staff training were out of date.</p> <p>Actions from meetings and audits were not being completed within the set deadlines.</p> <p>There was no overarching system of actions that needed to be completed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was a reliance upon agency and temporary staff.</p> <p>The registered manager was not being supported by the provider to meet the requirements of their role, due to the failures in recruitment initiatives.</p> <p>The registered manager could not develop staff into more senior positions due to staffing level difficulties.</p>