Voyage 1 Limited

Lynwood House

Inspection report

Lynwood Close
Midsomer Norton
Radstock
Somerset
BA3 2UA

Tel: 01761412026
Website: www.voyagecare.com

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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

This inspection took place on 26 and 27 March and the first day was unannounced. At the last inspection, the service was rated Good. At this inspection, we found the service was Requires Improvement. We found four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Lynwood House accommodates up to ten people in one adapted building. The people who live in the home have learning disabilities. Some people also have profound physical needs. At the time of the inspection, seven people were living there.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although there were sufficient numbers of staff to keep people safe, staff were not always providing the one to one hours as detailed in people's care plans to ensure their needs were met.

Suitable measures were not always taken to reduce the risk of harm to people, although a range of risk assessments had been put in place. Staff assessed people for the use of bed rails, although they had not been trained. One person's bed rails were set incorrectly. There was no guidance for staff about pressure relieving mattress settings where people were at risk of pressure ulcers. Not all staff could consistently describe how they would know a person was in pain.

Medicines were not always managed safely and some staff did not have their competency to administer medicines assessed in line with the provider's policy. The suitability of giving medicines in food had not been checked with a pharmacist and storage temperatures were incorrect.

Staff did not have guidance or training about how to support some people's specific complex needs and not all necessary training had been completed by staff.

People's records lacked detailed information to support personalised care in some specific areas. These included dietary needs, communication and specific complex needs. Not all health checks could be confirmed as completed. Where one person required staff support with exercises, these were not always done as directed by the physiotherapist.

The provider did not have effective systems in place to monitor the quality of care and support that people received. Audits had not identified the shortfalls we found during this inspection.

Staff knew how to safeguard people from potential abuse and understood how to raise concerns and report accidents.

People were supported in line with the requirements of the Mental Capacity Act 2005 and people were only deprived of their liberty lawfully.

People responded well to staff who understood their communication needs. However we did not see the specific methods of communication being used with people as described by staff. People told us they were happy and looked relaxed with the staff.

Staff felt well supported by the manager, attended regular meetings to discuss their work and monthly staff meetings to discuss wider issues about the service.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back this report.

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.

Although there were enough staff on duty to keep people safe, people did not always receive the one to one hours needed as detailed in their care plans.

Staff did not involve healthcare professionals when assessing people for the use of bed rails and rails in use were unsafe.

People's medicines were administered by some staff who had not had their competency to administer medicines checked.

Staff did not have up to date information how to support people in the event of an emergency.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always have the specialist training they needed to meet people's needs. Staff received an induction and training the provider considered mandatory.

Staff were aware of the requirements of the Mental Capacity Act 2005

Although people had access to some healthcare professionals such as GP, dentists and opticians, other health needs were not fully monitored.

Is the service caring?

Good

The service was caring.

Although staff told us people used a variety of methods such as Makaton, pictures and electronic tablets to communicate, we did not see any of these communication aids being used.

Staff were respectful of people's privacy. Where staff engaged with people we saw positive interactions between staff and people using the service. People responded well to staff.

People's individual choices were supported.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff did not have sufficient guidance about how to support people's complex needs. People's care plans contained conflicting information.

People's specific communication needs were not always identified.

Staff did not always follow the guidance from healthcare professionals.

People had information about how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not well-led.

The provider did not have effective systems in place to monitor the quality of care and support that people received.

Staff told us they felt supported by the registered manager.

Lynwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part following receipt of information of concern. The information shared with the Care Quality Commission (CQC) indicated potential concerns about unsafe medicines management and safeguarding adults issues. This inspection examined those risks. Some of the safeguarding concerns were known to the local authority.

This inspection took place on 26 and 27 March 2018 and was unannounced. The inspection was carried out by one adult social care inspector and a Specialist Advisor who was a Learning Disability Nurse.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit, such as statutory notifications. Notifications are information about specific events that the service is legally required to send us.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time with five people using the service. Two people were able to verbally communicate with us to give us their feedback and opinions. Other people had communication difficulties. We observed interactions between them and staff. We spoke with one healthcare professional, and five staff. We looked at six people's care records and associated documents, We looked at six staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

Requires Improvement

Is the service safe?

Our findings

Risks to people were not always identified or managed to support people safely. One person had bed rails, which the registered manager told us staff had assessed the person for. Staff had not been trained to do this, and no other healthcare professional had been involved in this assessment. The bed rails were not set at the correct height; they were too high which posed a risk of a fall from height. Staff completed health and safety checks on the bed rails, but had not identified they were incorrectly set. However, the person also used a sleep system which reduced the risk of them falling over the bed rails. This person used a pressure relieving mattress. However, there was no information for staff about whether the mattress settings needed to be adjusted or not to be effective.

A range of risk assessments were in place however risk assessments were not in place for some specific areas of risk. People's care plans did not give information about how they might communicate if they were in pain. Two members of staff gave different explanations of what they would look for to see if one person was in pain. This person was not able to tell staff if they were in pain. Following the inspection the provider sent completed examples of pain profiles for two people.

Medicines were not always managed safely. One person was given their medicines with jam, yoghurt or porridge, which helped them to swallow their medicine. However, we did not see that a pharmacist had been involved in this decision. Giving people medicines with something to help them swallow should be checked with a pharmacist first, in case the medium used interferes with how the medicine works. We checked records of one medicine against stocks held and found them to be incorrect. Staff checks of stocks had not identified this shortage.

Throughout January, February and March 2018 staff recorded fridge temperatures daily. However only the current temperature of the fridge was recorded and not the minimum and maximum temperatures. These checks would show whether the medicines had been stored within the required temperature range.

Guidance for staff how to support people in the event of an emergency was not always clear. For example one person's Personal Emergency Evacuation Plan (PEEP) stated the person would need pictures to explain what was happening. We asked staff where the pictures were kept; they were unaware of this. Staff said, "I've not read the PEEPs. I don't know where the picture cards are" and, "I've no idea about picture cards for PEEPs." The registered manager said, "We need to remove the reference to pictures and [name] doesn't need any support." Audits showed the registered manager needed to provide scenario training for staff; this is where staff would practice how to support someone in the event staff struggled to help someone out of their room. However, it was not clear whether this meant someone refused to leave their room or were physically unable to. This training was outstanding.

This was a breach of Regulation 12 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff on duty to meet people's safety needs but they were not always deployed to meet

their planned needs. The registered manager told us, "There are always three staff awake during the night, one solely for [name]. Staff told us, "There are enough staff now, and staff are really good at covering at short notice" and, "We've got a staff contacts book and a private chat facility on our phones, we can ask staff to cover."

Staff were not always providing the one to one hours as detailed in people's care plans. One person required ten hours per day of one to one with a member of staff. Their communication guidelines stated, "[Name] can sometimes stare or go quiet when she needs support of sensory stimulation; will not indicate when they need support. [Name] needs a high amount of interaction and communication throughout the day to ensure needs are met." We did not see this person was provided with one to one time throughout the inspection. During the inspection, we saw this person taking part in one activity in the garden, with two other people and a member of staff. Later, the daily activities recorded the person had spent an hour in the garden, but did not make it clear this had not been a one to one activity. We raised this with the registered manager, who told us the person did not need this amount of one to one time and they had informed the commissioners to reduce the one to one hours. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff said, "We have a duty to protect service users and staff", "We've all done safeguarding training" and, "There's a flow chart in the meeting room showing how to process everything." Although staff spoken with had a clear understanding of what may constitute abuse and how to report it, we observed a safeguarding incident which staff did not report to the registered manager. We discussed this with the registered manager, who assured us they would report it. Staff told us they were aware of the whistleblowing policy and would report any concerns outside the organisation if necessary. Staff said, "We always put people first" and, "People have got to be comfortable in their own home."

Although the registered manager held regular fire drills, the names of staff taking part were not recorded. The provider's policy required all staff to take part in fire drills every six months. The registered manager told us staff names were recorded electronically. These records were not available to view at the time of the inspection and were provided after the inspection. The fire alarms were tested during the inspection. One person's wheelchair prevented a fire door from closing. This was not rectified immediately, but the following day we found the furniture had been moved away from the door; this meant the person's wheelchair would not stop the door closing.

We observed that the premises were clean and odour free during our inspection. Staff were observed washing their hands before handling food and wore appropriate gloves and aprons. Disinfectant hand gel was available. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene. Staff said, "It's always clean and tidy" and, "We've all got our own chores, we support people to tidy their rooms and there is a cleaner."

Staff had clear guidelines for reporting and recording accidents and incidents. Staff said, "We've got accident forms to fill out, these are logged on the computer and we report during handover" and, "If anyone has been injured, we have short term care plans and body maps, so we know."
After the inspection, the provider conducted a medicines audit, which identified 11 actions were required. An action plan was put in place to address these. There were suitable secure storage facilities for medicines. The service used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know

what medicines were on the premises.

The water hygiene file showed evidence of calorifier disinfection, water tanks and water heater checks being completed annually. Records of shower head cleaning were also in place and Legionella water hygiene logs had been completed. This meant that there were effective systems in place to reduce the risk and spread of infection.

Requires Improvement

Is the service effective?

Our findings

Staff did not always have the training they needed to meet people's needs and ensure their safety. The provider's policy stated that higher level training was required when people needed to be fed via a tube. One person required feeding like this; staff told us they had been trained how to support the person, but records showed staff had not received suitable training as set out in the provider's policy. Eight out of 31 staff had not received refresher training by the due date for training which helped staff deal with aggression that kept everyone safe; another two staff had not completed this training. Four more staff had training which was in date at the time of the inspection but needed to be booked for the following month. One person's care plan stated, "All staff should be trained in dysphagia and have regular refresher sessions." The training records did not show this had been provided.

The PIR recorded, "All staff who administer medication are fully trained and complete a thorough assessment which are re-assessed on an annual basis unless required earlier." However, we found not all staff had their competency assessed on an annual basis to make sure their practice was safe. The dates on three members of staff competency assessments to administer eye drops had been changed; one date had been overwritten with another, later date.

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

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA). 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. Staff said, "We know about the five principles", "We support people to make their own decisions" and "Everyone here has exactly the same rights as anyone else." The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Three people had DoLS authorisations in place. The registered manager was awaiting authorisation from local authorities for another three people. Where people had conditions attached to their DoLS, we saw these were being followed.

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 were being met. People had records of capacity assessments and best interest decisions being made, for example for living at the home. Staff accessed the front door to the home and the main kitchen using a keypad. Although the registered manager told us one

person was given the code so they could have free access; at the time of the inspection we found this person was not able to use this code.

People's dietary needs and preferences were not clearly recorded in their care plans or followed in practice Although one person was fed via a tube, their care plan noted their food should be cut up for them. One person's care plan stated the person should have a completely fat free diet for health needs. We asked one member of staff if the person had a fat free diet. They told us, "Most of the food [name] eats is either fat free or low fat." This person's food charts showed they ate cheese, crisps and other foods that were not fat free on a regular basis.

Where people required their food and fluid intake to be monitored, this was not always done. For example, one person's food charts did not record they had eaten anything at all for one day in February 2018, and only eaten a bowl of porridge another day. Although their fluid chart noted they should drink between one and a half to two litres per day, during February 2018 records showed they did not drink the minimum amount required per day. Staff had not escalated this as a concern.

Health and social care professionals were involved with people's care, however not all checks had been recorded to confirm whether or not they had been completed. One person's care plan noted an appointment with a physiotherapist was necessary and asked for an appointment in January 2018. There were no records of this taking place. Two people's care plans noted staff should, "Carry out visual checks of breasts whilst supporting [name] with their care." Although all people had annual health checks, there were no records ladies had received the regular breast screening offered. A GP visited fortnightly and people's care plans showed dentists, chiropodists and opticians appointments had taken place.

The environment had been adapted to meet people's diverse needs. People had a variety of spaces in which they could spend their time, including a sensory room, sitting room and dining room and access to the garden. A training kitchen had a lowered sink and worktops which meant people using wheelchairs could take part in activities. One person was creating a memory garden. People's bedrooms were decorated according to their choice. Although people had access to a sensory room, none of the staff were trained in sensory profiles and there was nothing in people's care plans to describe what they enjoyed most. Audits had identified areas where the environment needed to be improved; a maintenance plan had been created to address this.

Staff told us they were able to access on-line training from their own homes. Staff said, "We can request specialist training" and, "Training makes us feel confident in our roles."

New staff were supported to complete an induction programme before working on their own. They told us, "We had information about the home and people living here." If staff had not worked in care previously, they were enrolled onto a Care Certificate course. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

Good

Is the service caring?

Our findings

Staff told us they were aware of people's needs regarding their preferred method of communication, and said they used a variety of methods such as Makaton, pictures and electronic tablets, we did not see any of these communication aids being used during the inspection. Some information for people was available in easy read or pictorial formats. For example, people's care plans were available in easy read format. Pictures of staff on the notice board identified the staff on duty for people.

The registered manager told us that the home had developed good relationships with health and social care professionals who were easy to access when additional support was required. For example the provider had access to behaviour therapists, who would visit the home and work together with the staff team and people to establish the best approach in how to manage behaviours that challenged the service. This helped people to deal with their behaviours more pro-actively and ensured a consistent approach from the staff team.

One person told us, "It is quite good here." We saw other people smiling when staff spoke with them. Staff said, "It's a lovely home" and, "Staff are friendly" and, "On the ball'." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that when staff engaged with people, they were attentive and had a kind and caring approach.

Staff told us how they promoted people's privacy and dignity and explained how they helped people. Throughout the inspection, we saw staff knocking on people's doors and explaining things to people. People's privacy was respected and all personal care was provided in private.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis during monthly key worker meetings, which enabled them to make comments on the care they received and view their opinions. Staff said, "We get a section of the care plan and go through it with them, they can change it if they want."

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Staff demonstrated good understanding of the importance of confidentiality. Care records were stored securely in the meeting room. Staff told us that they would not disclose people's personal information to anybody unless it had been agreed by the person or it was in the person's best interest to do so. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff had received equality and diversity training. Staff were respectful of people's cultural and spiritual needs. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Requires Improvement

Is the service responsive?

Our findings

Care records did not always provide enough detail for staff to support people with personalised care. Where people had complex needs such as cerebral palsy or hypothyroidism, staff did not have guidance about how to support the person. One person's care plan stated they got angry with other people, however there were no behavioural management plans in place specific to that person. Staff said, "We can see when people are coming off their normal baseline." Some information in care plans conflicted with information elsewhere in the care records, such as one part of one person's care plan stating they had mental health issues, while another part said there were no mental health issues. One person's care plan noted they had spots/rashes, but gave no guidance for staff what they should do. In the summary of the care plan, it was noted there were no issues with this person's skin.

Not all care records had been kept up to date. For example, Staff had not recorded observations in one person's chart for the first and last weeks of March 2018. Staff had not updated one person's 'keeping track' section of their monthly recording book during January and February 2018.

People had communication passports but their communication needs were not always identified. Although one person's care plan noted they had previously worn hearing aids, they were not wearing them during the inspection and had not had an assessment of their hearing. Another person also had hearing loss but had not had their hearing assessed. Staff said, "We're not completely sure [name] is fully deaf because she responds sometimes" and, "It says in [name's] care plan that she's deaf, but she responds sometimes." One person's care plan noted the person used Makaton; however we did not see this being used. Another person's care plan noted they should wear glasses; however we did not see them wearing glasses.

Staff did not always follow the guidance from healthcare professionals. A visiting healthcare professional told us, "I show and train staff about the positioning programmes and passive stretches for one person." One person's care plan detailed exercises the person needed support with. We asked staff how they supported the person with their exercises. Staff said, "I've not done any exercises with her, another member of staff does them, they use an exercise ball" and, "I know there are specific exercises but they're not done." The person's daily notes did not show these exercises had been completed.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's activity preferences were recorded but the records did not confirm if they were supported to follow their interests. People's care plans noted where they enjoyed taking part in activities such as horse riding or swimming, however, records did not show whether these activities were provided. On the first day of the inspection, staff took everyone out to enjoy the good weather. One person told us, "We go out shopping and do trips." One person told us about the activities they took part in and said, "There is enough to do." Staff confirmed people were able to go on holidays and trips to the seaside. Staff said, "If people don't want to do an activity, we'll ask them again, then ask if they want to do something else instead."

Information was displayed to make people and visitors aware of the complaints procedures. Three complaints had been recorded in 2018. The registered manager told us these had been dealt with in line with the provider's policy. There had also been five compliments recorded in the past year. Comments included, "Words cannot express the gratitude we have" and, "I would like to give you all a big thank you for looking after [name]." A trainer said, "Your team have a very good knowledge and understanding of your individuals' needs."

People and their relatives were given support when making decisions about their preferences for end of life care. One person told us how they had been pre-warned about the death of another person and said, "I went to the funeral and the do after."

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective systems in place to monitor the quality and safety of the care and support people received. Audits had not identified that staff competency to administer medicines had not been assessed in line with the provider's policy or that people's records lacked detail or were inaccurate. The shortfalls found at this inspection had not been identified or actioned through the provider's monitoring systems. These included medicines management, staff training needs and the provision of commissioned additional care hours.

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

There were also a number of maintenance checks being carried out weekly and monthly. These included the water temperatures, shower head de-scaling, equipment such as wheelchairs and safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, lifting equipment such as hoists and the lift.

Staff told us they felt supported and always had access to management. Staff said, "The manager's door is always open, she can be in the middle of something important and she'll drop it", "The manager is supportive and has an open door policy; she's always there" and, "If we raise anything she'll sort it straight away." Staff told us they were able to communicate with each other and the manager via a communications book, key worker meetings and supervision meetings. Staff said, "We can contact the manager at any time" and, "Even when the manager isn't here, she is, because we can get hold of her at any time."

Staff were reminded of the vision and values of the organisation. The registered manager told us, "The information is on a notice board; the values are 'empowering, together, honesty, outstanding and supportive'." Staff told us they had been given cards with the information and said, "It's about all providing the best care", "Giving people a better life" and, "Freedom and independence."

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals staying in the home, meals, incident reporting and any other topics as necessary. The minutes of the last meeting in February 2018 noted that recording needed to be improved and stated, "Paperwork is incomplete."

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured care records were accurate, up to date and contained sufficient guidance to support people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive the appropriate support, training, professional development as necessary.