

Voyage 1 Limited

# Lynwood House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

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

Lynwood House is laid out over two floors, both floors can be accessed by a lift, stairs and stairlift. People have access to communal lounging areas, dining room, kitchen and level access to a well-maintained garden, where there is also a sensory room. The registered manager's office is located adjacent to the entrance of the service.

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

**Right Support:** People were supported to retain and improve their independence. Staff supported people to live their lives how they wished and care was person-centred. Professionals we spoke with confirmed this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** The registered and deputy managers promoted an inclusive and person-centred environment. Staff knew people well and provided people with dignified support that was person-centred. Assessments were detailed and provided guidance for staff about people's needs.

**Right Culture:** Stakeholders told us staff went above and beyond for people they supported. The service was inclusive and people experienced good outcomes. Relatives and professionals spoke positively about the management team and staff. People confirmed they had control of their lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 29 June 2019)

### Why we inspected

We received concerns in relation to the culture of the service, poor moving and handling practices and the safety of motor vehicles. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lynwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We made one recommendation in relation to monitoring the temperature of medicines storage to ensure temperatures remain within a safe range.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Lynwood 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

The inspection team was made up of two inspectors.

#### Service and service type

Lynwood House 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. Lynwood House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was 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 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 toured the premises and reviewed documents in relation to the running of the service including quality audits and checks, medicines records and three care plans. We spoke with seven staff including the registered and deputy managers and care staff. We undertook observations during our time in the service and spoke with three people.

#### After the inspection

We spoke with six relatives of people and continued to clarify information with the registered manager. We received feedback from four professionals.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection, we received concerns about the culture of the service. We found people were at ease and comfortable in the presence of staff; we observed kind and caring interactions between staff and people throughout our inspection.
- Measures were in place to protect people from the risk of abuse. The provider raised potential safeguarding concerns with the local authority safeguarding team when the need arose.
- Records we reviewed showed staff received safeguarding training and staff we spoke with confirmed this.
- Staff spoke confidently about how they would identify abuse and said they would report any safeguarding concerns immediately. Comments from staff included, "I would go to the first point of contact: the deputy or home manager. If it was a higher manager, I would contact HR (Human Resources) or CQC" and, "No concerns, people are safe. I would go to the local safeguarding board or speak to the manager [about concerns]."

Assessing risk, safety monitoring and management

- Prior to our inspection, we received concerns about staff using incorrect moving and handling techniques. We found staff had received moving and handling training and had their competency checked. One professional said, "We've had no concerns regarding staff interaction, moving and handling, or whether the staff team follow our guidance or not."
- Risk assessments were in place with guidance for staff about how to keep people safe. For example, one person was at risk of choking. Detailed guidance was available for staff including information about relevant equipment, actions needed by staff to prevent and manage a choking incident and when staff should request emergency service support.
- People had personal emergency evacuation plans (PEEPs) in the event they needed to be evacuated from the service in an emergency. Additionally, regular fire drills were completed and selected staff had undertaken fire warden training.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff spoke confidently about how they supported people in line with the principles of the MCA. Comments from staff included, "Always try to support with as much choice and many options, I feel it's important for people to have active support and as many choices as possible" and, "Everyone is their own person, you can't just say, "That person has a disability let's just treat them all the same!""

#### Staffing and recruitment

- There were sufficient numbers of suitably qualified staff to meet people's needs. Comments from staff included, "There are enough staff" and, "We have agency at the moment, all the staff pull together, and illness is always covered."
- The provider was working to mitigate recruitment and retention challenges faced across the sector. When agency staff were required, the same staff attended the service to ensure continuity of care for people. Permanent staff worked additional hours and both the registered and deputy managers worked when needed.
- Staff were recruited safely. Checks were undertaken with the Disclosure and Barring Service (DBS) and the applicant's previous employer in care.

#### Using medicines safely

- Overall, medicines were managed safely.
- Medicines were administered by staff who received training and had their competency checked.
- We received positive feedback about how people's medicines were managed. Relatives said, "[Person's name] has eye drops, they [staff] always do it. It's all really low key but they are on the case" and, "[Staff member] was very clear on the [medicines administration] protocol and seizure management. I was really pleased with that."
- We found medicines were not always stored in line with current best practice guidance; records did not show what actions had been taken when temperatures for medicines storage exceeded safe ranges. We found no impact to people's safety.

We recommend the provider reviews current best practice and acts to ensure medicines are stored within safe temperature ranges and monitoring is used effectively to identify and rectify unsafe temperatures.

#### 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.
- People were supported to receive visitors into the service; visits were supported in the garden and PPE was available for visitors to the service.



### Learning lessons when things go wrong

- The registered manager supported staff and the service to learn lessons when things went wrong. There was oversight of accidents and incidents in the service to ensure potential themes were identified and actions were taken to prevent a recurrence.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, deputy manager and staff team promoted an inclusive and person-centred culture. One professional said, "The people I support at Lynwood House are beautifully, beautifully cared for." Comments from relatives included, "When [person's name] first went to Lynwood House we were filled with anxiety. When returning to Lynwood House he would look at it and smile, that shows us he likes it there and is happy to go back there. When I saw that I was very relieved" and, "To me it's not like a care home where [relative] lives it's [relative's] house where she lives with her friends."
- Relatives and professionals told us staff went 'above and beyond' to achieve good outcomes for people. One relative said, "I wish someone could have filmed how great they were. Staff came in on their days off so [person's name] could see her [close relative] in a Hospice...they went out of their way to make it as good for us as they possibly could." One professional said staff, "Moved Heaven and Earth" to support one person with very complex needs into the service and confirmed, "They've been amazing with him."
- People told us they received person-centred care. For example, one person we spoke with agreed they could get up, wash and go to bed when they wanted. We observed another person was pleased after being supported to go shopping and choose items they liked for their bedroom.
- Compliments received by the service included, "We are so grateful for the way that [relative's name] is so lovingly and professionally cared for. After everything she has been through, she is now healthy, happy and very settled" and, "It was heart-warming to hear that despite all the challenges you face as a team, you are so dedicated to maintaining quality standards and high levels of personalised care that reflects the wishes of the people living in your care home."

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

- Statutory notifications were submitted as required. Statutory notifications are important as they help us to monitor the services we regulate.
- Quality audits and checks were undertaken, overall these were effective and identified errors, omissions and shortfalls. Appropriate actions were then taken to rectify these.
- Environmental checks were undertaken to ensure the premises were safe for people, including gas, water and fire safety checks. We found there had been a delay fitting two window restrictors to windows on the first floor, however this was rectified during our inspection.
- Prior to our inspection, we received concerns about the safety of the provider's vehicles used to transport people. We found vehicles used by the service had current Ministry of Transport (MOT) certificates.

- There was a strong team identity and staff were aware of their roles and responsibilities. Comments from staff included, "All the staff pull together" and, "We have a good team."

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

- The registered manager operated an open-door policy and had moved their office downstairs to make themselves more accessible. During our inspection, we observed people sitting in the office with the deputy and registered managers chatting and laughing.
- The service had not received any recent complaints. Feedback was sought from stakeholders through questionnaires.
- Staff and the registered manager respected people's equality characteristics and encouraged people to be independent. One professional said, "When they landed at Lynwood they couldn't sit in their wheelchair because they couldn't tolerate it. Now they go out in their wheelchair because Lynwood put in the work to build up his tolerance."

Working in partnership with others

- Staff worked in partnership with external professionals and stakeholders. Comments from professionals included, "The staff at Lynwood engage and work well with the Complex Health Needs team" and, "Any advice or recommendations that we have given for clients, the manager has implemented and this has been evident when we have visited to review clients."
- Professionals told us the service was well-led. Comments from professionals included, "The [registered] manager has been a highly effective leader during Covid-19 and Lynwood House has frequently shown exceptional best practice in infection control during the pandemic" and, "I have a very good working relationship with the [registered manager]. I find her transparent and very accommodating."

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 registered manager was aware of their responsibility to be open and honest when things went wrong. The registered manager said, "We are completely honest...We have hard conversations and whatever action is needed we put in place."

Continuous learning and improving care

- There was a person-centred learning culture in the service. The registered manager shared learning with staff and external organisations through discussion and case studies.