

Dharshivi Limited

Lynwood

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	

Overall summary

We inspected Lynwood on 7 May March 2015. This was an unannounced inspection.

Lynwood provides supported living and personal care for people with learning disabilities. The service is registered for seven people. The service is a large property arranged over two floors. All bedrooms are single occupancy. At the time of the inspection they were providing personal care and support to seven people.

There was a registered manager at the service at the time of our inspection. 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.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always kept safe at the service. Medicines were not always managed safely at the service. Records relating to criminal records checks showed that some staff who had been working at the service for a number of years had not had recent checks.

Summary of findings

The staff were knowledgeable in recognising signs of abuse and knew how to report concerns. Incidents were reported and managed in an appropriate way. We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff.

The service was not always responsive. People did not always have access to activities during the weekend. This meant people's personal preferences were not always met.

The service was not always effective because staff did not always receive regular supervision or appraisals.

People were provided with a choice of food and drinks ensuring their nutritional needs were met.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained information setting out how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. Risk assessments addressed the risks to people using the service.

Staff had good relationships with people living at the service. We observed interactions between staff and people living in the service and staff were caring and respectful to people when supporting them.

Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

The systems in place to monitor the safety and quality of the service provided were not always robust.

People who lived at the service, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive.

Staff demonstrated they had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Summary of findings

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. Medicines were not always managed safely at the service. Records relating to criminal records checks showed that recent checks had not been done for some staff who had worked at the service for a number of years.

There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well. Support plans and risk assessments provided clear information and guidance for staff.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Requires Improvement



Is the service effective?

The service was not always effective. Staff did not always receive regular supervisions and appraisals.

The provider ensured staff received training.

The manager and staff demonstrated an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to help ensure people's rights were protected.

People's health and support needs were assessed and reflected in support plans. People were supported to maintain good health and to access health care services and professionals when they needed them.

Staff supported people to maintain good health and eat a balanced diet.

Requires Improvement



Is the service caring?

The service was caring. People were happy at the service and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service and their relatives were involved in planning and making decisions about the care and support provided at the service.

Good



Is the service responsive?

The service was not always responsive. People's preferences to access activities at the weekend were not always met.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or their relative.

Requires Improvement



Summary of findings

People's plans had been updated regularly and when there were any changes in their care and/ or support needs.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service.

There was a complaints process. Relatives of people using the service said they knew how to complain if they needed to.

Is the service well-led?

The service was not always well led because quality assurance systems at the service were not always robust.

There was a registered manager in place and staff told us they found the manager to be approachable and accessible.

The service had a process for reviewing incidents and notified the Care Quality Commission as required.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Requires Improvement



Lynwood

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 undertaken by one inspector and a specialist advisor. The specialist advisor had experience of learning disability and mental health services.

Before we visited the service we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected at their last inspection which took place in September 2013. We reviewed the information we held about the service which included any notifications

and safeguarding alerts. We also contacted the local authority contracts and commissioning team that have placements at the service and the local authority safeguarding team. Prior to this inspection we received one whistleblowing concern which related to meeting nutritional needs, maintenance of the boiler and a lack of meaningful activities for people living at the service.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection. We spoke with five people who lived in the service. We spoke with the registered manager and four support workers. We also spoke with two relatives of people using the service after the inspection. We looked at four support plans, staff duty rosters, three staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, staff training log, accidents & incidents, safeguarding folder, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

The service was not always safe. We found problems with the management of medicines at Lynwood. The service did not have suitable arrangements in place for the safe administration and recording of medicines. We looked at six medicines administration records (MAR) on the day of our inspection. We found some discrepancies between the quantity of medicine in stock and what there should have been if the records were accurate. We could not therefore account for all medicines used. In some cases staff had recorded that medicines were given to people which was different from the quantity found in the dosette box for each person. For example in one person's MAR sheet we saw staff had signed to show they had given medicines but the dosette box still contained the tablets. On another person's MAR sheet staff had not signed for medicine which may have been given. There was no way of proving that this person had been given their prescribed medicine. We found some people were not given their medicines as the prescriber had intended. For example, on the MAR sheets of two other people, prescribed medicines were not given as prescribed but were given when staff thought they were required. This meant that people were at risk of not receiving medicines as prescribed.

People were given vitamin supplements and this was recorded on their MAR sheets. We asked the manager about this. They told us this was advised as beneficial during each person's last annual health check. We did not see records of this. The manager told us this was discussed with people using the service and they agreed but told us there were no records of these discussions.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The recruitment of staff was not always safe. Although criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people, we found that some staff who had been working at the service for a number of years had not had checks within the last three years. The registered manager confirmed that two members of staff had not been checked since 2010 and one member of staff had not been checked since 2011. The manager told us they would address this by ensuring staff submitted new checks.

The service had a Recruitment and Selection Policy. We looked at staff files and saw there was a process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity.

We asked one person living at the service if they felt safe and they told us, "Yes." One relative when asked if their relative was safe said, "I think it's a safe place. The staff make it safe for my [relative]." Another relative said, "I feel comfortable that my [relative] is safe."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and the procedure for reporting abuse. They told us they would report any concerns to the manager of the service or the local authority safeguarding team. We looked at the training log and noted that staff working at Lynwood had received up to date safeguarding training. One staff member told us, "I would report anything to the manager or the local authority and there would be a meeting about the concerns." Another staff member said, I would speak with the manager and ask her advice. "The service had a whistleblowing policy in place. Staff were able to explain whistleblowing and knew how they could report concerns. Staff told us they would feel comfortable and confident to whistle blow and would contact the local authority or Care Quality Commission (CQC) to report any concerns. The manager was able to describe the actions they would take if they had concerns which included, reporting to the local authority and the Care Quality Commission. The local safeguarding team did not express any concerns about the service.

Individual risk assessments were completed to identify the risks to people who used the service and others. Staff were provided with information about how to manage these risks and ensure people were protected. The assessments included information received at the time of referral to the service and observations undertaken by staff at the service. Support plans examined showed clear and comprehensive risk assessments. The risk assessments were a standard format, thorough and reflected the needs of the person. These were up to date and reviewed regularly. The process included assessing risks to the person and also the risks from the person to others, with detailed plans on how staff should respond. For example, we looked at risk

Is the service safe?

assessments for two people who had a risk of choking due to eating food quickly. Their plan stated that food should be cut into bite size pieces or mashed and staff should be nearby when the person is eating. Staff we spoke with were familiar with the risks that people presented and knew the steps needed to be taken to manage them.

People using the service and their relatives had been involved in the development of their risk assessments. These were reviewed every six months or sooner in response to any incidents that had occurred. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others. There were behaviour management guidelines in two of the support plans reviewed. These outlined trigger factors and gave staff clear instructions on how to deal with potential challenging behaviours. Staff told us they managed each person's behaviour differently according to their individual needs. One staff member said, "You have to know who may present with challenging behaviour and support them. You have to understand them." Staff we spoke with stressed that physical restraint was not used. Relatives told us people were not restrained by staff.

People using the service told us there were enough staff to meet their needs. Relatives of people using the service told us they felt there were enough staff available. We saw there were support workers available during our inspection to

provide personal care and support to people when they needed it. There was sufficient staff employed to cover annual leave and sickness. There were a minimum of two support workers and the manager on each day during the week and two staff at the weekend. There were two staff on sleep-in duty during the night. The manager was on site Sunday to Thursday each week and also did sleep-in duties. We looked at staffing rotas which reflected this.

The service had an infection control procedure. This included cleanliness of the service and food hygiene. We saw staff wearing personal protective clothing when cleaning or preparing food. The premises were maintained however some bedroom carpets were dusty and the activity store room was cluttered. The manager explained that the area was in the process of being "sorted out" so the space could be used more efficiently. We looked at records of the local authority quality assurance visit in July 2014 which highlighted repairs needed at the service. We noted that these were carried out promptly and were now completed. We looked at records of maintenance carried out at the service. The manager had completed the necessary safety checks and audits. We saw that fire safety checks were done regularly. Fridge and freezer temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety.

Is the service effective?

Our findings

Staff did not always receive regular formal supervision. The provider had a supervision policy which stated that staff would receive supervision at least six times per year. We looked at staff files for three members of staff and spoke to two staff members. The staff files showed that one staff member had received three supervisions in 2013 and three in 2014. Another staff file showed that had received five supervisions in 2013 and two in 2014. The staff members we spoke with told us they did not always have regular supervision or annual appraisals. Staff said when they did have supervision they found it useful to raise any concerns about the service, identify what had gone well, new things they had learnt and any areas of development. One staff member said, "Its useful but my supervision is not always confidential sometimes I hear staff talking about things that I have discussed in my supervision." The manager told us she did not receive formal supervision with the provider and had not had an appraisal. She explained that she felt supported in her role, had weekly conversations with the provider but did not have anything recorded. These findings were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received regular training to support them in their role. One staff member told us, "The training is good here." We looked at the training log which covered training completed. The core training included safeguarding of vulnerable adults, Mental Capacity Act 2005, food hygiene, medicines, risk assessments, food and nutrition, manual handling, health and safety, infection control, fire training, equality and diversity, managing aggression, learning disability awareness, epilepsy awareness support planning and first aid. We saw records of completed training logs which showed that staff had received up to date training as required. There were opportunities for staff to undertake qualifications relevant to their role.

Induction processes were available to support newly recruited staff and we saw records of this. The induction period was over two months. This included reviewing the services policies and procedures and shadowing more experienced staff. Staff we spoke with confirmed they had received an induction when they started working at the service.

People and their relatives told us the support was effective. One person said, "I like all the staff but I like the manager best." Another person said, "They are nice" One relative told us, I think the staff are really good at what they do." Another relative said, "I'm really happy we found this home for my [relative]."

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the manager. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager knew how to make an application for consideration to deprive a person of their liberty. We looked at support plans which showed that basic MCA assessments had taken place for people using the service. None of these resulted in the need for full MCA assessments or Best Interest meeting's. We observed that 5 people were able to make day to day choices about food, clothing and activities. The other two people using the service were able to communicate their basic needs and wishes. At the time of our inspection no one using the service had DoLS authorisation in place. We saw records of staff training completed. Staff told us they had completed training courses and were able to explain MCA and DoLS. Staff had an understanding of the MCA and its guiding principles and how to work in the Best Interests of people using the service.

People's health needs were identified through needs assessments and support planning. We saw records in peoples support plans of attendance to various appointments including GP, dental, optician, chiropody and hospital appointments. Support plans showed the outcomes of health appointments. We saw that one person had refused to go for an X-ray recommended by the GP, who subsequently advised they should be monitored. We saw records relating to this. We spoke with the person who confirmed that they didn't like going to the doctor but agreed to tell the manager if they started to feel unwell. We saw each person's support plan included their hospital passport which accompanied them when they went to hospital. The hospital passport gave comprehensive information to hospital staff about the person's medical history, medicines, communication needs and how they liked to be addressed.

We spoke to relatives about the access to health services. One person told us, "I don't really like going to my

Is the service effective?

appointments but the staff come with me so it's not too bad. One relative told us, "My [relative] sees the GP for an annual health check but they can see the GP and get health care when they need it." Another relative told us, "We are always made aware of appointments and treatments so that we can go with [relative] if we need to go but the staff will always go."

We observed that most people were able to make choices about their daily lives, such as if they wished to go out to college or other activity and which household chores they would do in the service and how often. We saw records of this in meeting notes and support plans.

In the support plans we reviewed we saw that consent for care was sought. Staff told us about how they would always ask permission before carrying out any tasks and ensured that people who used the service were supported to do as much for themselves as possible. One staff member said, "You have to ask if it's alright before you carry out any personal care or give support. You have to get consent."

People living at Lynwood had access to nutritious food and drinks. The fridge and cupboards were well stocked with a choice of fruit, vegetables, and healthy snacks. There were very few processed foods in the freezer. Meals were planned and prepared with people using the service. People told us they liked the food and were taking part in a healthy living initiative in the borough which involved taking part in activities to improve health and fitness such as dance and exercise classes. Some people using the service had chosen to take part in a healthy living eating plan with a local slimming group. We saw meals planned in a way that meant they were able to eat the foods recommended and people were proud of their achievements and told us about their awards. One person said, "I used to be too heavy. I've lost weight so I need lots of new clothes." Another person said, "It's our choice what we eat but we are all trying to be more healthy. We have healthy snacks most of the time and we can take fruit to

college." We observed people going to the kitchen to make drinks and offering other people drinks as they made their own. We also heard people asking staff for drinks and staff offering drinks throughout the day.

The manager told us the menus were agreed at residents meetings. We saw records of this in meeting minutes. We saw a weekly menu available for people to choose their meals. There were two choices at meal times and various items at breakfast. There was a recipe folder for people to refer to and discuss or try new recipes. People had a specific day when they did the cooking. One person who was unable to cook joined in by passing ingredients to staff as they prepared the meal. We looked at this person's support plan and saw that they had requested to be involved in this way and enjoyed doing so.

People's dietary needs were met and meals were planned to ensure that their cultural or religious preferences were considered. One person told us due to their religious beliefs they didn't eat a specific food or prepare it on their cooking day. They told us, "Everyone knows this. I also make sure I don't cook anything that people are allergic to." Staff were able to tell us about people's specific dietary needs and food allergies. Support plans showed that two people had high cholesterol levels. The manager advised that they had managed this by "reducing fatty foods." The manager told us, "There used to be lots of crisps and biscuits in the cupboards and residents helped themselves. There are now more rice cakes and fruit bars".

The service had a nutrition and hydration protocol. We saw food and fluid intake was recorded daily and there were monthly weight charts for people using the service. Procedures were in place for the safe storage and preparation of food. We observed people having lunch and it looked well cooked and of a good quality. We saw staff supporting people to prepare the evening meal which was reflected on the menu for the day.

Is the service caring?

Our findings

The service was caring. One person, when asked if the staff are caring said, "Yes, they are caring." Another person said, "They are nice. They help me." A relative told us, "They are so caring. I've never seen or heard them not being caring or respectful." Another relative said, "My [relative] is well cared for and settled." We observed care and support being provided and saw that people were treated with kindness and compassion. People living in the service were settled and relaxed. They confirmed that they were happy living at Lynwood. One person said, "It's a good place." People were able to approach the support workers and manager whenever they wanted. Staff spoke with people kindly and with respect. There was a lot of laughter and conversation.

The requests of people using the service was listened to and acted on. For example, we saw records of house meetings which took place every six weeks. People's choices were recorded in the house meeting minutes and in their personal support plans.

Staff members knew the people using the service well and built positive, caring relationships with the people they supported. Staff had a good understanding of people's personal preferences and backgrounds. For example, one staff member described what a person liked to do at the weekend. Another staff member told us, "You get to know them; you build a rapport and know their likes and dislikes. You have to talk to them and listen."

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. People living at the service had their own detailed plan of care. The support plans were written in an individual way and included people's likes and dislikes, how they liked to communicate, activities and family information. They were able to say how they wanted to spend their day and what care and support they needed. We saw people were able to express their views and were involved in making decisions about their care and support. One person we spoke with said, "It's (support plan) all about me and what I do in the day."

The manager and staff knew the people using the service well and told us how care was tailored to each person

individually and that care and support was delivered according to people's wishes and needs. Staff confirmed they used the support plans initially to find out the persons needs and preferences but spoke to each person to gain a better understanding. One member of staff explained to us that for two people using the service who had difficulty communicating they spent a lot of time speaking with them and observing how they expressed their wishes. The support plan for one person gave a thorough description of how they communicate their needs including words and gestures they used to express their wishes.

Each person's Individual support plans were detailed and easy to read and included details of family, personal care needs, preferences about getting up in the morning, health needs, diet and food preferences, cultural and religious activities, communication, behaviours, employment and education, mobility, finance and activities.

People using the service and their relatives told us they felt their relative's privacy was respected. One relative said, "My [relative] is always treated with respect." Another relative said, "they always respect [relatives] privacy and dignity." Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "We never go into anyone's bedroom without knocking first and waiting for an answer." Another member of staff said, "I always make sure the doors and curtains are closed before assisting with personal care."

We saw staff speaking with people respectfully during our visit to the home. For example we observed a member of staff become aware that a person needed assistance with toileting and discretely took the person to their room, closed the door and assisted them to wash and change.

We saw details in people's support plans regarding their wishes for end of life care. In two people's support plans this was clearly documented. Other people and their family members were not ready to make these decisions. One relative we spoke with told us they knew that they could discuss this when the time was right for their relative.

Is the service responsive?

Our findings

People did not always have access to activities during the weekend. Although we saw a schedule of activities, people told us the weekend activities were not as enjoyable because they were unable to go out as there were less staff available to accompany them. One person described the weekends as "Boring." They said, "We would like to go out at the weekend but there isn't enough staff to take us." Another person said, "We stay in a lot at the weekend." Staff we spoke with told us they felt there should be a wider choice of activities including activities outside the home during the weekend to enable people to go out on trips or to the local park. They said some people complained of boredom during the weekend. One staff member said, "People want to do things, not just relax at the weekend. We can't take people out as weekend staffing levels are lower and some people need one to one when they go out." Another member of staff told us, "We don't always have enough staff to take residents out during the weekend." We spoke to the manager about people's comments regarding weekend activities. The manager explained the staffing numbers were devised depending on the activities people wanted to participate in. This meant people's personal preferences were not always met. These findings were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Even though people and staff had concerns about activities at the weekend we saw that on week days people living in the service were offered a range of social activities. Most people living in Lynwood attended a full day of various activities on most week days. People were able to make their own choices regarding what activities they wanted to do. Support plans show that most people attended a range of activities during the week, including various college course, aerobics, pedicures, shopping and slimming group meetings. People we spoke with told us they enjoyed their outside activities and were keen to tell us about them. One person told us, "We go singing together. We learnt a new song." Another person told us, "We are all going on holiday soon. We have all planned it and I'm going to need to pack lots of clothes for the whole week." People took part in activities and hobbies including knitting and jigsaw

puzzles. Some people using the service were visited by a therapist weekly and had foot massages. We saw people participating in massage therapy sessions during our visit to the service.

People told us the service met their needs. One person said, "They help me to do things I need to do." Relatives we spoke with told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. One relative said, "My [relative] can access everything he needs." Another relative said, "I know that my [relative] is alright at Lynwood. It takes time to understand someone but I know they understand [relatives] needs."

People who used the service and their relatives were involved in decisions about their care and received the support they needed. One relative said, "I usually attend a review meeting at least once a year to discuss [relatives] care needs." We saw that support plans contained comprehensive assessments of people's needs, which looked at all aspects of the person. All support plans were reviewed every six months, or sooner if people's needs changed. The support plans were up to date and clearly written. The support plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care and support. For example, one person's support plan contained information that they liked to have a shower twice a day. One staff member told us "Each person's care and support requirements are different. It's not just about the physical care but emotional support as well."

People living at Lynwood were encouraged to be as independent as possible and to look after themselves and their rooms. With support most people were able to manage their own personal care, wash and iron their clothing and clean their rooms. In one person's support plan we saw that the person had asked staff not to hang their clothes for them as they preferred to do this. People told us they enjoyed being able to do this and could decide if they didn't feel like doing so. One person said, "I clean my room on Mondays." Another person told us, "I don't clean room often. Staff done it. I don't have time to do cleaning 'cos I go out."

Staff told us they read support plans and updated them as necessary to ensure they were kept up to date. Any changes to people's needs or preferences were

Is the service responsive?

documented and updated by staff or the manager. The support plans we looked at had been reviewed monthly by the manager and were signed by the person using the service.

Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. A keyworker is a staff member who is responsible for overseeing the care a person receives. People using the service told us they had a keyworker. One relative told us, "My [relative] has a main carer. I can ask them for updates if I need to." Another relative said, "There's a main carer but the manager also knows all about [relative]." Staff told us they developed good relationships with people living in the service. One staff member said, "I've built a good rapport and I know their likes and dislikes and we talk about specific things that affects them."

The service had a complaints policy and an easy read complaints guide for people using the service. People using

the service told us they would complain to the manager or a member of staff if they needed to. One relative said, "I've had to speak to the manager about something I wasn't happy with. I was given a number and spoke to someone more senior." However some relatives we spoke to said they would tell the manager but had not received anything in writing about how to complain. Staff we spoke with said they would report any complaints to the manager of the service. There was a complaints log available and we looked at records of complaints. The last complaint logged was in August 2013 and we saw actions taken to resolve the complaint.

House meetings were held every six weeks and we saw records of these meetings. People using the service were able to take part in the meetings and each person was given the opportunity to voice their views. Staff and people living at the service told us an agenda was displayed in advance of the meeting.

Is the service well-led?

Our findings

The service did not always identify shortcomings in the management of medicines, criminal records checks and support provided to staff. This meant quality assurance systems were not always robust.

The service had a registered manager. We observed that people living at Lynwood were clearly very fond of the manager and told us they liked her. One relative told us, “I think the manager is excellent. I feel comfortable talking to her about things.” Another relative said, “I think the manager is good. We are told the important things about [relatives] care.”

Staff we spoke with were aware of the lines of accountability within the service and who they reported to. Staff told us the manager was approachable and supportive. They said there were opportunities to speak with the manager formally as well as informally. One staff member said, “I feel the manager supports me well.” Another staff member said, “I can approach her anytime.” During our visit we observed that staff were relaxed and at ease discussing issues with the manager who made themselves available to staff as required throughout the day.

Internal audits were carried out daily, weekly and monthly at the service and included, medicines, infection control, maintenance and repairs, health and safety audits, and daily premises checks. We saw records of these checks.

The manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service and their relatives. For example, the service issued a survey to relatives annually and also wrote to relatives inviting them to give feedback about the service. People using the service were able to give their views during house meetings held at the service. We looked at the house meeting notes and noted that people discussed holidays arrangements, safety when out and about, personal achievements e.g. awards received at college and any concerns they had about living at Lynwood.

Discussions recorded at staff meetings included recording and learning from incidents, shopping budgets, staffing, progress reports and goals for people using the service, responding to incidents and accidents, cleaning and maintenance of the premises, service user feedback, timekeeping and communication within the staff team.

The service had policies and procedures in place to guide practice. We noted that some staff had not signed to say they had read the policies and procedures. The service files and support plans of people using the service were up to date and information and records were easy to locate.

Records showed monitoring visits had been conducted by the local authority and records showed that issues highlighted had been addressed by the provider in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person did not ensure people who used the service receive person centred care that reflects their personal preference.

Regulation 9 (1) (c)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure that service users are protected from the risks of unsafe management of medicines.

Regulation 12 (2) (g)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that staff received appropriate on-going or periodic supervision and appraisal to make sure competence is maintained and learning and development needs are identified.

Regulation 18(2) (a)