

Hestia Housing and Support

Lynton Terrace

Inspection report

1-3 Lynton Terrace
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lynton Terrace is a care home for up to 10 adults with mental health needs. At the time of our inspection, 10 people were living at the service.

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

The environment and equipment were not always safely maintained or clean.

People received their medicines in a safe way. However, some of the systems for managing medicines were not safe. For example, the way in which they were stored.

The provider's systems for monitoring and mitigating risks were not always effectively operated.

People were happy at the service. They received personalised care. They liked the staff and they felt safe and well cared for. People had access to healthcare professionals who worked closely with the staff. There were organised activities and people could learn new skills and develop their independence.

The staff felt well supported. There were staff vacancies and the provider relied on temporary staff to help make sure they had enough staff on duty. They tried to arrange for familiar temporary staff and gave these staff support and guidance to help them work well alongside permanent workers. There were systems to help ensure only suitable staff were recruited. The staff undertook a range of training and had opportunities to meet with their line manager to discuss their work.

There were systems for monitoring quality and dealing with complaints, accidents, and incidents. The registered manager also managed another care service. They supported an interim manager who worked at Lynton Terrace full time. People using the service and staff told us they felt the interim manager was approachable and had helped develop the service.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 October 2017).

Why we inspected

We undertook this inspection based on the date of the previous inspection.

Enforcement

We have identified breaches in relation to safe care and treatment, premises and equipment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lynton Terrace

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 was conducted by 2 inspectors.

Service and service type

Lynton Terrace is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Lynton Terrace 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were not responsible for the day to day running of the service and their role was to support the interim manager who worked at the service full time.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. 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.

During the inspection

We spoke with 6 people who lived at the service. We observed care and support. We spoke with 3 support workers and the area manager. We looked at how medicines were managed, conducted an inspection of the environment and equipment, and looked at a range of records. These included care records for 4 people, staff support records, records of meetings, audits and other records used by the provider for managing the service.



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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The systems for preventing and controlling infection were not well established or implemented. Throughout the service we found the environment and equipment were not sufficiently cleaned. This posed a risk of infection spreading.
- Some of the furniture and equipment was stained and marked with cigarette burns. Baths, bathrooms, taps, and shower hoses needed descaling. One of the bathrooms contained mould and faeces stains on the bath and pull cords were greasy and covered in grime. Some areas in the kitchen needed cleaning, including food and cutlery storage areas.
- There were also items which posed a risk of the spread of infection left in communal hallways and bathrooms. These included used hair combs and razors as well as tissues and make up.
- Staff wore disposable gloves for some tasks, such as cleaning and supporting people with medicines. However, they did not always remove these when they completed the task. In one case, a staff member left the room to open the front door whilst still wearing gloves. Failure to remove and dispose of personal protective equipment (PPE) posed a risk because any infections could spread.

Failure to effectively implement systems to prevent and control infection was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our findings with the area manager who agreed to take action to make the required improvements.
- There were policies and procedures regarding infection prevention and control. Staff had training in these. The procedures had been updated in line with government guidance and to reflect good practice regarding COVID-19.
- People using the service and staff were supported to understand about acquired infections such as COVID-19 and flu. They were given information about how and where to access vaccinations.

Assessing risk, safety monitoring and management

- The risks within the environment were not always monitored or managed. This increased the risk of people being harmed because procedures were not being followed.
- Throughout the building, we found chemicals, such as cleaning products and paint, in unlocked areas and corridors. These products are potentially harmful if misused and should be stored in a secured place.
- There were sharps bins (receptacles for used medical devices such as needles) stored in the office. These contained used 'sharps'. These had not been disposed of in a timely manner.

Failure to effectively monitor and mitigate risks was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risks associated with people's care and treatment, such as health conditions, had been assessed and planned for. The staff had also risk assessed specific activities people engaged in and helped people to think of ways to keep themselves safe. Risk assessments and management plans were regularly reviewed and updated.
- People were empowered to make choices and be independent where they were able. This meant they sometimes made decisions which put them at risk. The staff supported people to understand the risks and find ways to manage these themselves.

Using medicines safely

- Medicines were not always stored in a safe way. There were 3 cabinets used to store medicines for people. One of these did not have a lock. The cabinet was filled in a way which prevented the door from fully closing. The door on another cabinet had broken away from some of the hinges, meaning it did not close properly and there were gaps between the door and cabinet.
- Controlled drugs were not always managed safely or disposed of correctly. A controlled drug is a prescription medicine that is subject to strict legal controls. One controlled drug, which had been prescribed for a person who stopped using the service in 2022, was still stored at the home. The staff were unaware it was there and therefore it had not been subjected to the required checks of this type of medicine. Additionally, the register of controlled drugs had not been completed correctly, because the details of medicines had not always been recorded in the index or on pages relating to those medicines.

Failure to safely manage medicines was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines as prescribed. There were accurate records to describe the types of medicines people were prescribed and when these were administered.
- People were supported to take control of their own medicines when they were able and wanted this responsibility. The staff supported them through regular checks and risk assessments.
- Staff had undertaken training to understand about the safe handling of medicines and the managers assessed their knowledge and competences relating to this. There were procedures for receiving, administering, and disposing of medicines. Appropriate action was taken following medicines related incidents.

Staffing and recruitment

- There were a number of staff vacancies at the service and the provider had found it hard to recruit to these. The staff assured us that there were always enough workers on shift, but some of these staff were from a recruitment agency employed on an as required temporary basis. Rotas confirmed this. The staff told us this meant they felt some pressure because temporary staff did not always know the service. However, they also explained the provider attempted to secure the same familiar temporary staff for consistency. Staff did not work excessively long hours and the provider monitored this.
- People received the care and support they needed from enough staff.
- There were suitable systems for selecting and recruiting staff. These included a range of pre-employment checks and an induction which included assessments and knowledge checks.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from the risk of abuse. These included procedures for

safeguarding adults and whistle blowing. The staff had training to understand these and opportunities to discuss how to recognise and report abuse in meetings with their line manager.

- The provider had worked with the local safeguarding authority and other agencies when concerns were identified and had put in place plans to help protect people and keep them safe.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The staff involved people in learning from incidents, asking them to discuss and reflect when things had gone wrong. They helped people to identify ways to prevent reoccurrence of incidents.

- Staff recorded all accidents and incidents. These records were viewed by managers and senior managers to analyse what had happened and any lessons learnt.

- The management team regularly met with other managers to discuss incidents and good practice so they could learn from each other's experiences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment was not always clean, suitable, or well maintained. There were rules to state that people must not smoke inside the building. We saw the provider had reminded people of these rules regularly. However, some of the furniture, carpets and equipment were marked with cigarette burns.
- People's bedrooms and furniture was not well maintained. One person's bed was broken and had an ill-fitting mattress. Another person's bedroom walls, and carpet were damaged.
- Equipment including cupboards and a bathroom door, as well as communal furniture were damaged.
- The environment was not kept clean and there was a risk of the spread of infection.

Failure to ensure the premises and equipment were clean and properly maintained was a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs and choices were assessed and planned for. People were involved in developing their own plans of care. Along with a multidisciplinary team of professionals, people made plans about their care and treatment. These reflected best practice guidance for promoting good mental health and developing independent living skills.
- The staff met with people on a regular basis to review their care plans and make sure these remained relevant.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. Staff undertook an induction to the service which included training in a variety of areas. They had regular training updates and were supported to undertake vocational qualifications.
- Staff, including regular temporary staff, had opportunities to meet with a manager to discuss the service and their work.
- Staff told us they felt supported and had the information they needed for their work.

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

- People were supported to have enough to eat and drink. People were able to make choices about what they ate. Some meals were communal, and people planned, shopped for, and prepared food for each other. Some people preferred to manage their own shopping and meal preparation. They did this with the support

of staff. People spoke positively about the food prepared by staff with one person telling us, "The food is delicious."

- Staff supported people to understand about healthy diets and making good food choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked closely with multidisciplinary teams of professionals to plan for and monitor people's care and support. People regularly accessed healthcare professionals to meet their individual needs. There was good communication between these professionals, staff and the people being cared for.
- Information about people's mental and physical health was recorded in care plans. This enabled staff to understand about the care and support each person needed. Staff had responded appropriately when people's health changed and made timely referrals for extra support when needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The provider had acted in accordance with the MCA. Everyone living at the service had the mental capacity to make decisions about their care and support. We saw evidence they had been consulted about different decisions.
- The staff offered people choices and regularly met with people to discuss their care and help them to make informed decisions.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. They had good relationships with staff. Some of the comments from people included, "Staff are good, very good" and "The staff are friendly, caring, warm and attentive." The staff spoke positively about people. They knew them well and explained how they gave personalised care and support.
- We observed interactions between staff and the people they were supporting. These were kind, caring and polite. Staff offered people choices and spoke with fondness, judging people's mood to make jokes or provide comfort when appropriate. We saw staff greeted people when they first saw them or walked into a room.
- People's diverse needs were respected and met. People came from a range of different backgrounds, cultures, and religions. Staff helped people to celebrate these and meet any specific cultural needs.

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

- People were able to make decisions about their care and express their choices. They met with staff to discuss their care plans and to develop goals for their future.
- People were involved in making choices about the home, food, décor, and activities. There were regular meetings for the community to discuss the service. One staff member told us, "We offer a lot of choices, for example about food, where we go and the activities we do."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They confirmed this with one person telling us, "Staff respect my privacy. They knock before they come in and always wait if I ask them to. They understand if I say I don't want to talk to them now."
- People were supported to be independent, going to shops and to activities in the community, learning skills such as cooking and cleaning and developing their independent living skills. People were able to manage their own medicines, money and plans for the future when they felt ready, and the staff felt it was safe for them to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. They were able to make choices and were involved in planning and reviewing their care.
- The staff had a good understanding of people's needs and worked closely with multidisciplinary teams to help make sure care and support reflected best practice.
- People were supported to develop skills and improve their mental health with a view to moving to more independent settings in the future if they wanted and were able to.
- Each person had a detailed care plan which set out goals and how these could be achieved. Care plans and goals were regularly reviewed with the person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Everyone living at the service at the time of the inspection spoke English and was able to express their needs, be understood and understand others using speech.
- The provider supported staff to access training to understand about good communication and had information available in different formats for people who needed this.

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

- People were supported to develop and maintain relationships inside and outside the home. They took part in group activities and parties.
- Organised activities within the home included developing skills, such as cooking and having fun through games, and crafts. There was a well-resourced activities room. People were supported to choose and take part in special events outside of the home including day trips to places of interest.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints. Everyone knew who to speak with if they had any concerns and felt confident these would be dealt with appropriately.
- The provider's procedures included reflecting on complaints and concerns and sharing learning from

these with senior managers and staff.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems to monitor and mitigate risks were not always operated effectively. Despite undertaking audits of the environment, infection prevention and control and medicines management, the staff and managers had not always identified where risks were present. When concerns had been identified, the response to mitigate these and improve the quality of the service had not always been timely.

Failure to effectively implement systems to monitor and mitigate risk was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior staff and managers undertook a range of audits and quality checks. These included checking records and making sure care was delivered in line with care and support plans.
- There were regular reviews of people's care and staff appraisals to help make sure people and staff were satisfied and getting the support they needed.

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

- Managers and staff had a good understanding about their roles and responsibilities. The interim manager was experienced and knew the service well. They were due to undertake a management in care qualification. Staff were supported to undertake relevant vocational qualifications.
- There was a range of policies and procedures which reflected good practice guidance and legislation. Staff were familiar with these.
- Staff told us they received good quality training to help them understand about standards. They also had regular meetings to discuss work and share ideas. Some staff were assigned to undertake additional roles and were provided with training to help them understand these.

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

- There was a positive culture which empowered people and supported them to make decisions. People were happy and felt safe, comfortable and well cared for. Some of their comments included, "I am very happy here, basically it is lovely", "I think everyone is understanding and treats you as if you have self-worth. They look after you and your general wellbeing" and "The carers are excellent. They find out what your needs are and apply the right care for you. Everyone is treated fairly."
- Staff demonstrated a good knowledge of the individual people they cared for. They told us they enjoyed

their work and felt well supported. One staff member told us "I would 100% recommend this as a good place to work."

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 provider understood their responsibilities under the duty of candour. They notified CQC and others of adverse events as required. Incidents, accidents, and complaints were investigated and responded to.
- The provider apologised to the people affected when things went wrong.

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

- The provider engaged with people and other stakeholders. People were involved in reviewing their own care and planning for the home. They were also encouraged to be proactively involved in some of the running of the home, such as making meals and carrying out safety checks.
- There were procedures regarding equality and diversity and staff had training in these. People told us the staff and provider helped them to celebrate their individual needs, through cultural awareness days, celebrating Pride and parties for festivals and faith events.

Working in partnership with others

- The staff worked in partnership with others to support people. There was evidence of multidisciplinary care and good communication with health care teams to plan for and monitor people's health.
- The management team met with other managers within and outside of the organisation to share best practice and experiences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure care and treatment was provided in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person did not always ensure the premises and equipment was clean or properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always effectively operate systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.