

# Hestia Housing and Support Lynton Terrace

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 17 November 2015 and was unannounced. During the last comprehensive inspection in July 2014, we found a breach of regulation 10 (safety and suitability of premises). At this comprehensive inspection we found the provider had taken action to address the breach we had identified.

Lynton Terrace provides residential care for up to ten adults with mental health needs. There were ten people living at the service at the time of our inspection.

There was a registered manager in post 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.

Staff told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. There were sufficient staff on duty to meet people's needs and bank staff were available to cover in the event of staff shortage to ensure people's safety.

Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They ensured people were given choices and opportunities to make their own decisions.

There were arrangements in place for the management of people's medicines and staff had received training in administration of medicines.

People's nutritional needs were met, and people were involved in weekly meetings with staff to choose what they wanted to eat and drink.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and support from other healthcare professionals and attended workshops and conferences in order to cascade important information to staff, thus ensuring that the staff team were well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect. Care plans were clear and comprehensive and written in a way to address each person's individual needs, including what was important to them, and how they wanted their care to be provided.

A range of activities were provided both in the home and in the community. We saw that people were cared for in a way that took account of their diversity, values and human rights.

People, staff, relatives and healthcare professionals told us that the management team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service to ensure that areas for improvement were identified and addressed.

## 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. Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

Sufficient staff were available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were supported to make choices about the food they wished to eat and staff respected those choices. Staff all received food hygiene training and regular refreshers.

Staff supported people to access healthcare services and liaised closely with the community mental health team and GP.

### Is the service caring?

Good ●

The service was caring. Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the staff were kind and caring. Staff were aware of people's preferences and interests and involved them in decisions about their care and support.

People's diversity, values and human rights were maintained.

People were supported with their individual needs.

### Is the service responsive?

Good ●

The service was responsive. People's individual needs were met when their care and support was being assessed, planned and delivered.

People and their relatives were involved in planning and reviewing their care.

A range of activities were arranged that met people's interests both at the service and in the community.

Complaints were investigated and responded to appropriately.

The service regularly conducted satisfaction questionnaires of staff, people and their relatives and stakeholders. These were analysed in order to gain vital information about the quality of the service provided.

### Is the service well-led?

Good ●

The service was well-led. At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were regular meetings for staff and people using the service which encouraged openness and the sharing of information.

There were systems in place to assess and monitor the quality of the service.

# Lynton Terrace

## **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.

This inspection took place on 17 November 2015 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for people with mental health issues.

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 reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including three people's care plans, three staff records and records relating to the management of the service. We spoke with six people who used the service, five staff, including two senior staff members and the registered manager.

Following our visit, we spoke with one healthcare professional who was regularly involved in the care of people using the service, one social care professional and two relatives to obtain their views about the service.

# Is the service safe?

## Our findings

People we spoke with indicated they felt safe living at the service. One person said "it's a good home... the staff are good" and "yes I feel safe". One relative confirmed this and told us "I know if something happens to me, she will be safe". A healthcare professional told us "the service has improved a lot in the last few years". People confirmed they would know who to contact if they had any concerns. Staff received training in safeguarding adults and the training records confirmed this. The service had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. They told us that they would report any concerns to their manager, or social services, the Police or the Care Quality Commission (CQC) if necessary. One care worker said "I am confident that the manager would take any concerns seriously". Staff said they were familiar with and had access to the whistleblowing policy. They said that they would go straight to HR who would carry out an investigation.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the CQC as required of allegations of abuse. The registered manager worked with the local authority safeguarding team and carried out any investigations. Management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing.

Where there were risks to people's safety and wellbeing, these had been assessed. Detailed person specific risk assessments and plans were available based on the individual risks that had been identified at the point of initial assessment. These were regularly reviewed and records updated as necessary. Staff had been allocated areas of responsibility. One staff member told us that they were the risk link worker, and their role was to assess and review risks to people using the service. They told us "we discuss all the risks with people and involve them in risk management". They added that any issues were shared with colleagues during team meetings. This included a financial vulnerability assessment for a person who was at risk of financial abuse when going out in the community.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals when needed. All incidents and accidents were recorded and analysed by the registered manager and included an action plan and a post-incident report. We saw evidence that incidents and accidents were responded to appropriately.

The provider had a health and safety policy and procedure in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment identified the hazards, who might be harmed and how, what was already in place, and what further action was necessary. This included food handling, health and safety, infection control, medicines and risks of aggression and violence. Equipment was regularly checked to ensure it was safe to use, and arrangements were made to fix broken equipment. The registered manager also carried out an annual operational service risk analysis. The manager had shared guidance issued by the Health and Safety Executive (HSE) about the safety of window restrictors and ensured that they complied

with the guidance by carrying out regular checks.

A fire risk assessment was in place and regularly reviewed. The service carried out regular fire drills and staff were aware of the fire procedure. People had individual personal emergency evacuation plans (PEEPS). These took into account each person's ability and the location of their bedroom. This ensured that the provider had taken appropriate steps to protect people in the event of a fire.

Most people were happy with the staffing levels. One person said "yes there are enough staff", another believed there could be more staff and said "sometimes we need more staff" but added "night time is ok". One staff member told us that there were always enough staff on duty. On the day of our inspection, there were sufficient staff on duty to care and support people. We looked at the staffing rota for two weeks which showed that all shifts had been covered to ensure that care and support was maintained. The registered manager told us that they did not require the use of agency staff and relied on their own bank staff to cover staff absence. Records we viewed supported this.

Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal records checks were completed.

Staff supported people with either supervising or administering their prescribed medicines. We saw two medicine charts which had been completed over several weeks. They showed that staff had administered all the medicines as prescribed, and showed no gaps in signatures. Where people were supervised to administer their own medicines, they were supported to sign their own records. Staff told us they were clear about only administering medicines that were recorded on the medicines administration records. Medicines risk assessments were in place and were reviewed to ensure they were accurate. Training records showed that staff had received training in medicines administration and received yearly refresher training. The registered manager carried out regular audits to review records. This meant people were protected from the risk of not receiving their medicines as prescribed.



# Is the service effective?

## Our findings

People were supported by staff who had appropriate skills and experience. Staff told us they had received a thorough induction when they started to work for the service. This included training and working alongside other staff members. The subjects covered during the induction included safeguarding, health and safety and medicines administration as well as training specific to people who used the service. Staff records included an individual induction plan to identify what training was needed. This included training specific to the needs of the people who used the service and included Mental Capacity Act (MCA), mental health, drug and alcohol awareness, equality and diversity, substance misuse and breakaway techniques. The registered manager told us that staff undertook online training, as well as training offered by the local authority. All staff had obtained a National Vocational Qualification (NVQ) in care at level 2 or 3 and were now studying for the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff training was delivered regularly and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with five members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received supervision from the registered manager every four to six weeks. The registered manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. We saw a poster in the kitchen showing examples of healthy meals. Menus we viewed showed a daily choice of two meals, including a vegetarian option. People told us that the food was good. One person said "there's a lot of salad and veg" and added that people could eat what and when they wanted to. Another person told us "it's brilliant, but we could have a bit more" and added that there was variety and "no frozen food". People were supported to participate in cooking, although one said "I wish I could cook more often". People told us that menus were decided during weekly house meetings. One person said "we decide what we want and they prepare it for us". On the day of our inspection, we saw that jugs of juice, a bowl of fruit and a tray of snacks were left out for people to help themselves throughout the day. People and staff ate their meals together.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. Staff had training in the Mental Capacity Act (MCA) 2005. The registered manager told us that all the people using the service had capacity to make decisions, but they were aware that if they were concerned about a person's ability to make decisions, they would liaise with the local authority to request a mental capacity assessment. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves indicating their consent to the care being provided.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider and registered manager were aware of the legal requirements relating to this and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person's best interest and were authorised by the local authority as the Supervisory Body.

People told us that the service was responsive to their health needs. One person said "if I am not well, I let the staff know... they ask if I want to see a doctor, and if I do, they do it, usually straight away". Another person said "I tell staff if I am unwell. They're very good". The registered manager told us that some people are reluctant to attend appointments, so they arrange for healthcare professionals to visit instead. One healthcare professional confirmed this but added that perhaps staff should encourage people to go out and attend their appointments. They added that the service was good at monitoring the health of people who used the service and listened to advice given by healthcare professionals. Support plans contained individual health action plans. These detailed people's health needs and included information about their medical conditions, mental health, dental, medicines, dietary requirements, lifestyle and general information. Records of healthcare appointments included the date, name of the person, the outcome of the appointment, any action needed and the next appointment date. This showed that the service was meeting people's needs effectively.

## Is the service caring?

### Our findings

People and relatives were complimentary about the care and support they received. One person told us "the carers are kind and helpful. They take us out and cook us dinner". Another said "they are caring... they do a good thing". One relative told us "it's wonderful... the staff are very caring". A healthcare professional told us that people were "happy and cared for". The registered manager said they ensured staff treated people with respect and kindness by taking appropriate action if staff behaved in an uncaring way.

The staff and registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. The registered manager told us that staff received training in dignity and care, and records confirmed this. They also told us that they attended events in this subject and brought back hand-outs for staff. This was also discussed in team meetings. We observed on the day of our inspection that people were treated with care and respect. One member of staff told us that they thought it was important to co-work with people, for example making suggestions and taking time to explain things, and make decisions together. They went on to say "you have to talk and gain people's trust, let them tell you what they want."

Staff told us they ensured that people's diversity, values and human rights were respected. However, during breakfast, we saw a member of staff asking a person to come to the office to receive their medicines. This visibly annoyed the person because the interruption prevented them from enjoying their breakfast uninterrupted. This observation was fed-back to the registered manager who told us that they would address this. Throughout our inspection, we saw staff knocking on people's doors and only entering when given permission. Relatives told us that they were able to visit whenever they wanted and always felt welcome.

People told us that they liked their bedrooms and enjoyed showing us the various items they liked to collect. We saw that they had been able to choose how they personalised their own space. Staff told us they respected people's choice and supported them to maintain their rooms. One person told us that they had not chosen their wallpaper, as it was already like that when they moved in, but went on to say that they liked it, another person said that they would have chosen another colour if they had been consulted.

The registered manager told us that people were given contact details of local advocacy services, and we saw evidence of this in people's records, however this information was not displayed in the home which meant that the information was not easily accessible to people.

## Is the service responsive?

### Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People told us that they were consulted before they moved in and they had felt listened to. A relative said that they had been involved in the initial assessment. The registered manager told us that people were referred from the local authority and they had obtained relevant information from them. This included background information for most people which helped understand each person and their individual needs. One healthcare professional told us that the staff team provided a service which met people's individual needs.

The care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. Some people told us they were involved in making decisions and in the care planning process. One person told us "my keyworker is very good at doing it, although he didn't do it the way I wanted so I amended the things that were wrong and added bits." We saw that records were signed by people, which meant that they had understood and agreed what had been recorded.

Staff encouraged and supported people to undertake activities of interest to them. Activities were recorded in a folder kept by the activities coordinator. There were a range of activities on offer which included coffee mornings, current affairs, fry-up sessions, cinema, pampering sessions and other outing ideas. One person told us they had been on a seaside trip, and visited the London Eye. They added that they sometimes went to a local café or had a meal out. Another person told us that they had to rely on staff to take them out as they could not manage on their own. This was planned and occurred a couple of times a month. They added that staff tried to encourage them to go out more. Some people were independent and went out to see friends whenever they liked. One person told us that they are able to wash, iron their own clothes and cook, and staff encouraged them to do so. They said "I make bread pudding, I enjoy cooking" and added "I help sweep the garden and the front". Another said they planned to go to college soon and were looking forward to it. One person said that they went shopping but mostly enjoyed "smoking and sleeping". We saw that each person had an activity plan which was agreed in their individual meetings with their keyworker.

People told us they wished they could have better access to the internet, as they were only able to use the office computers which was not convenient. One person told us "I have to do my online shopping in the office" and "They mentioned they are going to have a computer for everyone... we need this, to be part of the community". The registered manager has said this would be addressed.

The service had a complaints procedure in place and this was available to staff and people who used the service. A record was kept of all the complaints received. Each record included the date, initials of the person making the complaint, nature of the complaint, action taken and outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. People told us they would complain to staff if they had a problem, although one person said "it's not always dealt with". Another person said "the office door is always open... we can go

in when we want to talk to them". Relatives told us they had no complaints and if they did have a complaint they would speak to the registered manager.

People were supported to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We saw that the results showed an overall satisfaction. Staff, relatives and stakeholders were also consulted and the results showed that they were satisfied with the service.

## Is the service well-led?

### Our findings

The registered manager had been in post for three years. They were supported by an established senior team in running the service. The staff we spoke with said they enjoyed working at the service and believed in providing good quality care and support to people. They told us they were keen to promote people's independence and supported them to take part in activities of their choice. The registered manager told us they were committed to the recruitment of good staff in order to continue to deliver a good quality service to people, and aimed to empower and support people who used the service to take ownership of their own needs. Some said the registered manager was hands on and ran pampering sessions with people who used the service, including hair braiding and nail care. One healthcare professional told us that the registered manager was "approachable and worked hard to run a quality service".

People told us they were given the opportunity to be involved in the recruitment of staff and had attended training in "competency based interviewing for service users". They also had the opportunity to take part in internal announced and unannounced inspections of the service and other services that were part of the company. They carried out these inspections with a member of staff several times a year. These inspections were followed by a meeting to discuss findings and come up with a report and action plan. People received a payment for each inspection carried out. This showed that the service took steps to promote independence and encouraged people to be part of how the service was run.

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care records. Each of these areas was led by a designated member of staff with whom the registered manager discussed the findings of their audits. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular.

Staff told us they had monthly team meetings and records confirmed this. The items discussed included feedback from residents' meetings, achievements, safeguarding, housekeeping, health and safety, quality monitoring, policy and procedure, team development, equality and diversity and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this.

The provider had a strategic plan in place which identified goals for identified improvement, action needed, person responsible and the time of completion. The registered manager told us that the company operated with the service user at the heart of everything they did.

The service worked closely with the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. The local pharmacist was involved in developing the team by delivering medicines administration training and diabetes training.