

Milestones Trust

Wyvern Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Wyvern Lodge is a care home providing accommodation and personal care for up to eight people. At the time of the inspection, eight people were living at the home.

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

There had been significant improvements following the inspection of 3 and 4 December 2019. Positive changes had been made to safely manage the water temperatures within the home. Thermostatic mixing valves had been fitted to taps to safely regulate water temperatures. Temperatures were tested of each tap regularly. The upstairs bathroom had been replaced since the last inspection, which was clean. Changes had been made to infection control procedures at the home. The home was clean and tidy throughout with no shortfalls identified. Statutory notifications were appropriately submitted to the CQC where concerns had been shared with the local safeguarding team and when the police had been called to the service.

People were supported to remain safe. Staff were trained in safeguarding and understood their responsibility to protect people from avoidable harm and abuse. Safe recruitment and selection processes were followed. Risks to people's health and safety were assessed with guidance for staff to follow. Medicines were administered safely to people. Accidents and incidents were reported and recorded with audits in place to help identify any trends or patterns.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. The home was well-led by a registered manager who was committed to improving people's quality of life. The home had a clear management and staffing structure in place and staff worked well as a team. The registered manager was aware of their duty of candour. Effective quality assurance systems were in place to monitor the quality and safety of care. Audits had improved which helped to identify any shortfalls.

Rating at last inspection

The last rating for this service was Requires Improvement (published 4 March 2020). At our last inspection we found people were at risk from scalding because water temperatures exceeded safe ranges. Areas in the home also posed a risk of infection. Statutory notifications had not always been sent in line with requirements. At this inspection we found improvements had been made.

Why we inspected

We carried out an inspection of this service on 3 and 4 December 2019. We rated the service requires improvement in Safe and Well Led due to the shortfalls, which we identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wyvern Lodge on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wyvern Lodge

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 Care Act 2014.

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 carried out by one inspector.

Service and service type

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

Registered manager

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, team leader, two staff and three people who lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, quality assurance and health and safety checks.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found people were at risk from scalding because water temperatures exceeded safe ranges. Areas in the home also posed a risk of infection and were not clean. At this inspection we found improvements had been made.

Assessing risk, safety monitoring and management

- At this inspection we found improvements had been made to safely manage the water temperatures within the home. Thermostatic mixing valves had been fitted to taps to safely regulate water temperatures.
- Water temperatures were regularly checked and recorded by staff. Records showed temperatures were in the recommended range of 42 and 44 degrees centigrade. If the temperatures were out of range, then this was reported to the maintenance team.
- The premises and equipment were monitored to ensure they were safe for people to use. Health and safety audits of the building were regularly carried out.
- People had personal evacuation plans (PEEPs) in place. PEEPs contained important information such as people's mobility and if they required assistance in an emergency.
- Regular checks of fire safety equipment and systems.

Preventing and controlling infection

- At this inspection we found improvements had been made to infection control systems. We were assured people were protected from the risk of infection.
- We looked around the home and found that this was clean and tidy. Since the last inspection the communal shower had been replaced and the bathroom fully redecorated with new flooring. We found no evidence of mould around the home.
- The sink in the communal laundry room was found to be clean and maintained. Plans were in place for the utility cupboards to be replaced within the next two weeks of the inspection. This was due to the laminate peeling off the cupboards.
- People and staff helped to clean the home daily. People were responsible for cleaning their own bedrooms with staff oversight to ensure this was of a good standard. Communal areas including the lounge, kitchen and dining areas were cleaned throughout the day by people and staff. A rota system was in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

At the time of the inspection the home had recently had an outbreak of COVID-19 and outbreak testing was being carried out. The registered manager facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and they understood how to keep people safe, and identify, report and act on any potential concerns. Staff comments included, "If I have any concerns then I either take action and report myself or speak to my line manager" and "I have had to raise safeguarding concerns before to protect somebody. I would not hesitate to report concerns".
- Where people had behaviours, which could be challenging to others, staff had taken time with people to look at triggers. There were many examples of how people had settled well into the home and become calmer.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required and this helped keep people safe.
- People felt safe living at the home. They told us, "Yes I feel safe living here. I have a key to my room" and "I do feel safe. I am able to go out freely which they all support. If I didn't, I would tell somebody".

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. At the time of the inspection no person that lived at the home had an authorised DoLS in place as this was not required.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff confirmed there were sufficient numbers of staff to support people. Their comments included, "Yes, I would say we have enough. We are

recruiting for a support worker, but we all help to cover the rota" and "I pick up extra hours by choice. We have enough time to spend with people and get everything needed done".

- Staffing levels were monitored to ensure people received safe support. We spoke to the people about staffing levels at the home. They told us, "I think we have enough staff working here. If we need support then we all just ask" and "Yes, there seems enough staff. I get time with the staff and we have a laugh".
- Staff continued to be recruited safely. The registered manager told us pre-employment checks were carried out including a check with the disclosure and barring service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems continued to be in place to ensure people received their medicines when needed.
- Staff that administered medicines had been trained and assessed as competent.
- The registered manager and team leader audited medicines regularly to check people had received their medicines safely. They maintained good oversight of medicines and they worked closely with the GP surgery and pharmacist.

Learning lessons when things go wrong

- There were systems in place to monitor risks such as incidents, accidents and falls that occurred at the home. The registered manager reported these to relevant professionals and worked with them to put measures in place to prevent reoccurrence.
- The registered manager promptly responded to incidents. They completed regular reviews and audits and used their findings to improve practice at the home.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found statutory notifications that had not been submitted to the CQC in line with requirements. Governance systems had not always been used effectively to identify shortfalls, errors and omissions we identified during the inspection. At this inspection we found improvements had been made.

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

- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed
- Since the last inspection improvements had been made and statutory notifications been sent in line with requirements.
- The registered manager had informed the CQC of significant events in a timely way, such as when the police had been called, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.
- Improvements had been made to the governance systems that the home had in place. Monthly health and safety audits and the monitoring of water temperatures effectively helped identify shortfalls. Regular infection control checks of the home were carried out. Actions were put into place to address any shortfalls.

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

- People's care was based on their assessed needs and preferences. Staff confirmed care plans were regularly updated to ensure they contained the latest information.
- People spoke very positively about the support they received and said they achieved their desired outcomes. Their comments included, "I do feel I have made really good progress. Each day is different with my illness, but the staff really support me", and "I am happy with the support I receive".
- There was a positive culture within the home. All staff were observed to be approachable and relaxed around people. Staff were keen to speak with the inspector to discuss their roles. When questions and queries were raised, staff were open and proactive to provide answers and act where needed.
- Staff told us they felt listened to and the management were approachable. The registered manager was open and transparent and had clear visions and values of the home. They were really proud of the staff and all that they had achieved at the home.
- It was clear from our discussions with staff and the registered manager that the home had been affected by COVID-19. The staff and management team had pulled together during the COVID-19 outbreak at the

home and gone out of their way to support people.

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

- Staff said the registered manager and provider were approachable and sought their views. The registered manager and team leader had worked together to instil a culture of kindness and teamwork to ensure staff felt valued. This had been especially important during the COVID-19 pandemic.
- The registered manager engaged with people receiving care, their relatives and staff. Feedback was analysed and used to make improvements. Weekly house meetings were held with people led by the team leader. They discussed what was going on in the home that week. They also discussed things going on in the world and what was in the news.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care, staff learning, support arrangements and organisational changes. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing.

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. Continuous learning and improving care. Working in partnership with others

- The home regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs. This included local mental health services, GP surgery and outreach services.
- The registered manager ensured they collaborated with other stakeholders to ensure the best possible outcomes for people.
- The registered manager understood their responsibilities under the duty of candour. They informed the relevant agency's when things went wrong and worked with them to ensure a satisfactory outcome was found.