

Milestones Trust

Wyvern Lodge

Inspection report

89 Drove Road
Weston Super Mare
Somerset
BS23 3NX

Tel: 01934612416
Website: www.milestonetrust.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

People were not always protected from the risk of harm; water temperatures exceeded the safe ranges identified in the provider's policy. Quality assurance checks had not always been used effectively to identify shortfalls. For example, that water temperatures were not being checked in line with the provider's policy and that water exceeded safe temperature ranges.

The provider could not always be assured people were protected from the risk of infection. Areas in the home were visibly dirty and could not always be cleaned effectively because they had not been adequately maintained. The provider had approved for maintenance work to commence in April 2020. Statutory notifications were not always submitted to the commission when required.

Staff had access to personal protective equipment [PPE], such as gloves and aprons. People were protected from the risk of potential abuse. Staffing levels were sufficient to meet the needs of people and staff were recruited safely.

The provider engaged with people and their relatives. The registered manager had built strong links with the local community. People, relatives and staff spoke positively about the registered manager.

People's needs were assessed, although assessment for oral healthcare was not always completed in line with published guidance about best practice. We did see some evidence people were supported to access the dentist. Staff were supported in their roles with relevant training and support.

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.

People were supported to access meaningful activities and opportunities for work and development. People felt proud about what they had achieved. People received personalised care and support that was responsive to their needs. People's end of life care preferences were explored and recorded.

People told us they were supported by kind and caring staff, our observations confirmed this. People's dignity and privacy was respected and maintained. People were supported to be involved with decisions about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

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

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

We have identified breaches in relation to the inconsistent submission of statutory notifications and safe care.

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

Follow up

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

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Wyvern Lodge

Detailed findings

Background to this inspection

About the service

Wyvern lodge is a residential care home supporting people to rehabilitate and live independently. The service was providing personal care and support to seven people at the time of the inspection. The service can support up to eight people.

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.

Inspection team

The inspection was undertaken 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.

Notice of inspection

The first day of the inspection was unannounced, the second day was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We received feedback from one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- People were not always protected from the potential risk of harm.
- The provider's policy stated water temperatures should range between 42 and 44 degrees centigrade. This was in line with Health and Safety Executive guidance for care homes. However, hot water outlets in communal areas of the home were distributing water that exceeded this range, placing service users at risk from scalding. For example, we tested water dispensed from the hot water outlet in one communal bath and found the temperature was 52 degrees centigrade.
- The provider was testing the temperature of water dispensed from outlets in two sinks accessible to people: the laundry sink and a first-floor bathroom sink. The provider's policy required water temperatures from bath and shower outlets be tested weekly. However, these checks had not been completed.

Preventing and controlling infection

- The provider could not be assured people were protected from the risk of infection.
- Areas in the home were visibly dirty. For example, the sink in the communal laundry room was brown and grey in areas. There was mould and stained flooring in the communal shower room and built up dirt on exposed pipes in the communal kitchen. Some areas could not be cleaned because they had not been sufficiently maintained, for example laminate covering was peeling off of cupboards in the communal laundry room.

We found no evidence people had been harmed, however people were at risk from scalding because water temperatures exceeded safe ranges. Areas in the home also posed a risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's representative contacted us after the inspection and told us they were working to resolve the issue that was causing hot water temperatures to exceed safe ranges.
- Before people moved into the home, the provider used an assessment tool to identify information that maybe relevant to the person's health and safety. For example, how the person could evacuate the premises in the event of an emergency. The assessment tool used a 'points' system to determine what actions should be taken to lower potential risks, for example undertaking a risk assessment.
- Risk assessments were in place and these included sufficient guidance for staff about how they could minimise risks to people.
- Staff we spoke with told us they cleaned the home and that there were cleaning rotas in place. Comments from staff included, "We try and keep it [home] as clean as possible, we have cleaning rotas – it's usable."

- Staff could access PPE, such as gloves and aprons, when required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the potential risk of abuse. Staff spoke confidently about how they would identify abuse and what actions they would take if abuse was witnessed or suspected. Staff highlighted there were different types of abuse and said they would report concerns to the local safeguarding team, registered manager or Care Quality Commission.
- Relatives told us they felt their loved ones were safe. Comments from relatives included, "This is the best place [person's name] has been, there is no question about it. When I go I never worry, I know [name of person] is cared for and safe. They [staff] look after [name of person] and everything is done, it's made a big difference to my life." One person said they felt safe, "Because of the staff."

Staffing and recruitment

- Staff were recruited safely and there were sufficient numbers of staff to meet the needs of people.
- The provider completed background checks on staff, including with the Disclosure and Barring Service and the applicant's previous employers. The Disclosure and Barring Service helps to prevent unsuitable people from working in care.
- Staff told us there were sufficient numbers of staff to meet the needs of people. Comments from staff included, "There are enough staff, we have bank workers that are really good because they pick up shifts." The registered manager told us the use of regular bank staff helped people receive care and support from staff who they were familiar with.
- We reviewed staffing rotas for the service and confirmed this.

Using medicines safely

- Medicines were managed safely.
- Staff received medicines training and were supported by the registered manager to administer medicines safely.
- There were protocols in place, for example, when people were receiving 'as required' medicines.
- People were supported to manage their medicines independently through a process of 'stages'. The stages were used to indicate the level of support the person required. People could move up or down the stages and this meant the support they received was changed to suit their needs at the time

Learning lessons when things go wrong

- The service ensured they learned when things went wrong. The registered manager told us learning was shared during meetings with managers.
- Accidents and incidents were reviewed as a way of identifying themes and trends to prevent a recurrence.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to develop detailed care plans that included guidance for staff about how to meet their needs.
- To highlight mental health awareness week, the provider had produced various leaflets on relevant topics, including how people could improve or maintain a healthy weight and how to better understand alcohol.
- The provider used a Dental Healthcare Plan to assess people's oral healthcare needs. We reviewed evidence that showed people were supported to attend the dentist.
- One person experienced anxiety about visiting the dentist, this meant they hadn't visited the dentist for over twenty years. Staff worked in partnership with the person and their relatives through discussion and relaxation methods. This meant the person received dental treatment and agreed to ongoing check-ups.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision sessions to carry out their roles.
- The provider supported staff to complete the Care Certificate. The Care Certificate is a set of fifteen standards containing information that all staff new to care should know. Further relevant training completed by staff included manual handling and first aid training.
- Staff we spoke with were positive about their experiences of training and support. Comments from staff included, "I definitely get enough supervisions, about every six to eight weeks, we look at our strengths and where we need to improve" and, "When we first start we get training days, they've [provider] put me on the diploma course."

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

- People were supported to eat and drink enough.
- When individual risks in relation to food and drink were identified, appropriate actions were taken. For example, one person was being supported to monitor their weight and input had been sought from external healthcare professionals, including the GP and dietician.
- Information about achieving a balanced diet was displayed in the kitchen.
- People were supported to access food and drink they liked. Comments from staff included, "We ask people what their choices are and what they want to do, even down to the food menu. We change the food menu and everyone lists their favourite meals, it's all about that person."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with other healthcare organisations to achieve good outcomes for people.

- One healthcare professional provided feedback after the inspection and said, "I felt that Wyvern Lodge was a really good/positive set up and felt the staff worked well with this individual and the agencies involved."

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

- Areas throughout the home had not always been adequately maintained.
- Some work surfaces in the kitchen were worn, as was flooring in communal areas of the home, including toilets and bathrooms. Comments from staff included, "The environment is usable, not top of the range, it's big enough, needs a lick of paint and maybe a new kitchen" and, "Obviously the home is not amazing, we have reported that things around the home need doing, the guys [involved with a programme learning new skills, such as painting] try to decorate but we can't replace kitchens."
- The registered manager confirmed their business plan included proposals to update and redecorate areas of the home. The provider's representative confirmed the registered manager's proposals had been accepted and work would commence in April 2020.
- The lounge and dining areas were clean and comfortable and people using this space were relaxed while they watched television. People could access a level and maintained garden.
- People had personalised their rooms with their own furniture, ornaments and pictures.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services they needed. For example, we saw evidence people had been supported to access the GP and supported to attend appointments at hospital. One relative said, "When [name of person] is not well staff accompany [them] to the GP or hospital."

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 Act 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).

- At the time of our inspection, no one living in the home was subject to a DoLS authorisation and people had capacity to make their own decisions.
- Staff we spoke with were familiar with the principles of the MCA. Comments from staff included, "You assume people have mental capacity unless assessed otherwise; never assume a person doesn't have capacity" and, "Everyone here has capacity, people can make unwise decisions and so we would have risk assessments around that."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives spoke positively about staff working in the home.
- Comments from relatives included, "I've got nothing but praise for them [staff], when there is a crisis they put themselves out, they stay later, they correspond with service users [people], we all work together and I can ring anytime day or night and they will support me."
- Comments from people included, "The support is excellent." One staff member said, "We've got a plan for people, we plan everything and we work with passion, we are very supporting and people get what they need."
- People were supported to understand what potential hate crimes were, including information about how and where concerns about hate crimes should be reported.

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

- People were supported to say what they thought and were involved with making decisions about their care.
- Peoples' care plans included direct quotes from the person. For example, one person's care plan included their goals for the future. The person had said, "I don't want to be in the system forever. I want my own place, family and car."
- Staff we spoke with told us they recognised people needed to be listened to. Comments from staff included, "The staff genuinely care and its very person-centred, it's all about the individual not the place, people want their care in different ways, we follow the care plans and how they [people] want their care to be given."
- Surveys distributed to people included information about what was said and how the service had responded to this.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity and people told us they were supported to retain and improve their independence.
- Staff provided us with examples about how they treated people in a dignified way and respected people's privacy. Comments from staff included, "We talk quietly if a person has been incontinent, remind people to close the door when using the toilet. We never just go into a person's room, we always ask to go in first, we always close the door to talk about something private" and, "We always knock on the door, they are people's rooms."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The provider supported people to access relevant and meaningful activities, including opportunities for education, paid and voluntary work.
- People had been supported to achieve recognised qualifications, one person was supported by staff who attended college with them. People we spoke with expressed pride about their achievements. One person said, "A lot of people have gone to the university centre, I've been there and done a cooking course, [person's name] did photography, it's excellent how it's structured and it's given us more confidence.
- People were involved with an organisation that provided access to paid work opportunities, this included painting, decorating and wallpapering. One person told us they liked getting their wages after they had completed the work. One staff member said they enjoyed their job, "Because of the people we support and the achievements and goals people reach, we have had many people move on, you feel like you've done your job."
- Relatives had worked with people to introduce an herb garden to the grounds of the home. People were supported to visit a local allotment to grow fresh produce.

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

- People received personalised care that was designed to ensure they had maximum choice and control of their lives.
- People were supported through discussion to evaluate their own progress and make plans around this. For example, one person discussed their desire to live more independently. The member of staff discussed how the person could achieve their goal, for example learning how to budget and with input from a healthcare professional. Staff were supporting the same person with their budgeting.
- People's care plans included information about how to support people's well-being. For example, if a person became anxious there was guidance available for staff, such as supporting the person with breathing exercises or walks outside.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to access relevant information in ways they could understand. Staff supported people to communicate through writing and were available to help people access and understand

information, for example by reading the information aloud.

Improving care quality in response to complaints or concerns

- Complaints and concerns were dealt with in line with the provider's policy.
- The registered manager reviewed and investigated complaints. One relative said, "I would never have a problem complaining and I've never felt fobbed off."
- People were supported to complain when required and there was information about how to escalate complaints to organisations outside of the service.

End of life care and support

- No-one was receiving end of life care at the time of our inspection. However, people's end of life care preferences were explored.
- People's end of life care plans included information about their wishes after they had passed away. For example, if the person wanted to have flowers at their funeral or money donated to a charity of their choice.
- When people declined to discuss their end of life preferences, this was recorded in their care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

- Statutory notifications had not always been sent in line with 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.
- We found statutory notifications that had not been submitted when concerns had been shared with the local safeguarding team and the Police had been called to the service.

We found no evidence that people had been harmed however, this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- Governance systems had not always been used effectively to identify shortfalls, errors and omissions we identified during our inspection.
- Quality assurance systems had not identified that water checks were not being completed and hot water in communal areas exceeded safe temperature ranges.
- The 'Residential Safe Quality Audit 2018-2019' had confirmed that, "CQC has been informed of all contact with safeguarding teams." However, we found incidents that had not been notified to CQC. The same audit had identified that the home was clean and hygienic, although we found areas that were not sufficiently clean and that could not be cleaned because they had not been adequately maintained.

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

- Staff spoke about people in a person-centred way and there was a person-centred culture in the home.
- The registered manager said, "I'm passionate about people's individuality." Comments from staff included, "We push for support and make phone call after phone call, we don't give up we push for the best outcome for the individual."
- People told us they achieved good outcomes. Comments from people included, "The support gives you confidence."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to act in line with the duty of candour and stressed the importance of being honest 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, relatives and staff effectively.
- Comments from relatives included, "They [staff] treat me, I can make a drink of coffee, any time I have worries I can phone them up" and, "Staff listen to people" and, "Without doubt the service is well run, [person's name] has been to several places and this is an excellent place; it's homely, there is respect and little friction – they [staff] are welcoming and when I first visited I was welcomed."

Continuous learning and improving care

- The registered manager explored ways to learn and improve care.
- Discussions with staff about issues of concern were open and transparent. When things went wrong debriefs happened to support learning.

Working in partnership with others

- The provider had built strong links with organisations in the local community.
- The registered manager worked with a local college and university to develop their pupils who were studying relevant qualifications and who aspired to work in health and social care services.

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 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications were not consistently submitted to the commission in line with requirements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk from scalding because water temperatures exceeded safe ranges. Areas in the home also posed a risk of infection.