Voyage 1 Limited

Lynwood House

Inspection report

Lynwood Close
Midsomer Norton
Radstock
Somerset
BA3 2UA

Tel: 01761412026
Website: www.voyagecare.com

Date of inspection visit:
12 March 2016

Date of publication:
08 April 2016

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

This inspection took place on the 12 March 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure that a senior member of staff would be available. When the service was last inspected in November 2013 there were no breaches of the legal requirements identified.

Lynwood House is registered to provide accommodation and personal care for up to ten people. At the time of our inspection there were ten people living at the service. The people who live at the service have learning disabilities. Some people also have profound physical needs.

A registered manager was in post at the time of 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.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People received effective care from the staff that supported them. Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated and in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

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

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.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had received training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Is the service effective?

Good

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Is the service caring?

Good

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

Staff were very knowledgeable about people's different behaviours and specific needs.

Is the service responsive?

Good

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan contained personal profiles which included what was important to the person and how best to support them.

Is the service well-led?

Good

The service was well-led.

Staff felt well supported by their manager.

To ensure continuous improvement the registered manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Lynwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 March 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure that a senior member of staff would be available. When the service was last inspected in November 2013 there were no breaches of the legal requirements identified. This inspection was carried out by one inspector.

On the day of the inspection we spoke with two members of staff and the registered manager. We also spoke with one person who lived at the service. The other people who used the service were unable to tell us of their experience of living in the house. We observed interactions between people and staff in communal areas.

We looked at four people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Good

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. We observed there were sufficient staff to help people when needed, such as going out for activities and when medication was required. In the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. Members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. The service held initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the service and were recorded appropriately. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines and were assessed regularly. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

To ensure staff followed correct procedures the management of medicines was audited on a regular basis. The audits reviewed the current stock and medication administration sheets. They also reviewed all medication administration and handling procedures. The audits would identify any potential concerns which required action.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their

medicines.

Risks to people were assessed, and where required a risk management plan was in place to support people to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as eating and drinking, keeping safe, community life, mobility and physical assistance. Assessments were reviewed regularly and updated when required. Within the person's records, appropriate support and guidance for staff was recorded. Where a person particularly enjoyed engaging in physical activities, staff were provided with instructions of how to enable the person to participate in such activities. An example of this included providing explanations for events to people using simple information and not to overload them with information. This included using signing and pictorial aids to aid communication and allow the person to process the information.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager. They reviewed the incidents and accidents and identify any emerging themes and any lessons learnt. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again.

People were cared for in a safe, clean and hygienic environment. Staff were allocated daily cleaning duties and the tasks were recorded on a staff handover sheet. The rooms throughout the service were well-maintained. Regular equipment and maintenance checks were undertaken.

Good

Is the service effective?

Our findings

The provider ensured that new staff completed an induction training programme which prepared them for their role. New staff attended an initial induction that included learning about the provider and the expectations whilst in employment. The remaining induction training period included training specific to the new staff members role and to the people they would be supporting. The manager told us the induction included essential training such as first aid, health and safety, food hygiene and infection control. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs, new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the service were safe. For example, training in moving and handling, fire safety, basic life support and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy awareness and Management of Actual or Potential Aggression (MAPA) training had been undertaken by staff. MAPA training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others.

Staff were supported through a supervision programme. The registered manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as training and development, the people that staff support, contribution to the team and organisation, what was working well and not so well. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered, the DoLS application process involved family members, staff members and a mental health capacity assessor.

One person also had the support of Independent Mental Capacity Advocates (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. IMCAs are mainly instructed to represent people where there is no one independent of the service, such as a family member or friend, who is able to represent the person.

Staff completed Mental Capacity Act 2005 training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible, the service enabled people to make their

own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff told us, "Independence is enabled and we provide assistance where required."

We made observations of people being offered choices during the inspection, for example activity choices were offered. Where a person was unable to communicate verbally, and to enhance their understanding of the person's requirements, staff utilised a number of techniques such as interpreting their body language and the pitch and tone of the sounds made by the person. Support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, where possible. Depending on the specific issues, such as medication reviews, decision making agreements involved the appropriate health professionals, staff and family members. Where requested we found that the service would communicate with the family about incidents or decisions that affected their relative.

People's nutrition and hydration needs were met. The food was served at the correct consistency, according to the person's needs. Appropriate professional advice had been sought regarding the consistency of food the person should consume. Following advice from a Speech and Language Therapist each person had their own eating and drinking guideline plan. It included details such as the equipment needed, food consistency, positioning and assistance required. Staff we spoke with demonstrated a detailed knowledge of each person's nutrition and hydration needs.

Good

Is the service caring?

Our findings

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed numerous positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing and asking how people were feeling. Staff continually offered support to people with their plans. Where a person expressed discomfort, staff provided reassurance and re-positioned them to make them more comfortable.

Care plans contained detailed, personalised information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, following a health care professional's advice one person's plan advised that to calm a person down staff should distract the person with their preferred items and redirect them to a calming environment using a soothing voice. We observed a staff member implementing this technique when the person appeared agitated and this proved reassuring to them. Staff we observed were patient and fully engaged with the people they were caring for.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. The level of detail provided by staff members was exacting and reflected the information in the person's care plans. When they spoke about the people they cared for they expressed warmth and dedication towards the people they cared for. One member of staff told us; "[person's name] is not very good at waiting. You have to go down to her level and speak calmly and quietly. If she thinks you don't understand she will show you and you need to give her time. On other times you may need to be more direct with your language. External health professionals suggest strategies and we follow them."

People were provided with activities, food and a lifestyle that respected their choices and preferences. One person told us; "I like living at the house. I engage in lots of activities. I go to Bristol Zoo, work in a café and I go out for lunch." We also observed that they were having a laugh with staff members and making cups of coffee for people.

The service respects people's privacy by giving them space and time alone when they wish and staff always knocked before entering their bedrooms. We observed that people used their rooms when they wished. People kept their own personal belongings where they wished to and had their rooms furnished to their own individual taste.

Good

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month with the person's key worker. A formal review was held once a year or if people's care needs changed. Reviews included comments on the support plan, the person's health, activity plans and risk management. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required we found that the service accessed speech and language therapists, behaviour support practitioners and physiotherapists. An example of this included where a person had a specific medical condition and was expressing challenging behaviour. A best interest meeting was held with interested parties such as staff members, a psychiatrist, a behaviour support practitioner and the person's relative. Strategies were discussed and agreed to alleviate the risk to the person.

The service was receptive to external health professional advice received. Feedback from one health professional highlighted; "I'm writing regarding the occupational therapists recommendations and the strategies discussed. We were pleased to see the new arrangements in place. It was so much more inclusive for her. It was good to note that many of the ideas brought up for the activities are being used, and that photos have been taken of [person's name] doing them for her to choose from her activity board. I was also very impressed with your sensory room and we saw that [person's name] seems to really enjoy spending time there."

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives, where requested, had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan contained personal profiles which included what was important to the person and how best to support them.

One person's mobility and physical assistance support plan demonstrated that the service had sought the advice of a physiotherapist on how best to support the person to undertake the activities of their choice. The person and their parents view has also been taken into consideration as part of the decision making agreement. This resulted in clear staff instructions being produced regarding the person's moving and handling needs for each task that needed to be undertaken. The plan included summary critical information of tasks staff should always undertake and never to undertake. The latter included; "Never assume you will be ok to work alone and do not support if you're not trained."

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how

best to support them. People undertook activities personal to them. There was a planner displayed in the staff room that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The social activities recorded varied for people according to their chosen preferences.

The social activities recorded varied for people demonstrating the service gave personalised care. On the day of our inspection people were engaging in different activities such as going to the coast, visiting family members and being assisted to go out with members of staff. During the summer we were told that the service was organising a garden party for friends and relatives. People also engaged in other activities such as hydrotherapy sessions, drama, bowling, boogie nights and volunteer work. One member of staff told us, "I think are community based activities are good. The community know are service users. They're getting out there."

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. The service ensured they communicated regularly with family members and staff enabled and encouraged this contact. One member of staff told us how they assisted people to buy presents for their family members on special occasions.

Each person held a hospital passport in their records. The passport was designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identified things that were important to the person such as how to communicate with them and their likes and dislikes.

Most people were not able to complain without assistance and they would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to ascertain if people were unhappy and this could then be acted upon. The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. Where issues of concern were identified they were taken forward and actioned. One complaint had been received from a family regarding a person's well-being. As a direct result of the complaint the issues were communicated to staff members and the person's support was amended according to the person's needs.

Good

Is the service well-led?

Our findings

Through regular key worker meetings people were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Staff told us that if they felt a person had a concern they would report the issue to the registered manager and felt confident that they would be listened to. One member of staff told us that the registered manager encouraged the keyworkers to provide feedback on the level of service provided. The keyworker meetings provided an opportunity for people to discuss issues that were important to them and proposed actions. People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

Regular house meetings were also held which provided a forum for people to express their views. We found that issues identified by the people had been taken forward by the service, such as holding an open day and the actions required. House issues were also discussed such as the house décor and items required. The service was inclusive and we found actions had been taken as result of the meetings, such as the purchase of new home entertainment appliances.

Staff described the registered manager as supportive and approachable. The registered manager encouraged an open line of communication with their team. Regular staff meetings were held and agenda items included people they support, training updates, medication and infection control. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they supported, such as trying new activities or approaching health professionals where people's needs had changed. These actions were actively supported by the registered manager. One member of staff told us, "We're supported really well. I've learnt so much from her [registered manager]. She's turned things around. The service users are happier. We have more community based activities for the service users. The staff are all here for the service users. We've got a good team."

Communication books were in place for the staff team as well as one for each of the individuals they support. We saw that staff detailed the necessary information such as the change of medication and health professional visits. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals.

Through regular care plan and best interest meetings, people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and any proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the annual placement reviews.

To ensure continuous improvement the registered manager conducted regular compliance audits. They reviewed issues along the lines of the five domain questions inspected by the Commission. The observations identified good practice and areas where improvements were required. An example of this identified that

the personal details document was not in place or completed for everyone. The issue was communicated to the staff team to take forward and action. The provider's operations manager also conducted unannounced visits at the service. They reviewed areas such as finances, training, medication and people's welfare. Any actions identified were stated on the action plan in the service's quality assurance file for the service to take forward. At the last review the operations manager advised that there were no actions to take forward but used the visit to inform the service of new courses available and areas of their work which was going to be transferred over to a new database system.