

Dharshivi Limited

Lynwood

Inspection report

14 Beccles Drive
Barking
IG11 9HX

Tel: 02085946786

Date of inspection visit:
21 January 2020

Date of publication:
10 March 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lynwood is a 'supported living' service and is registered to provide the regulated activity of personal care to people living in their own home. At the time of the inspection, eight people with learning and physical disabilities who were all living in the same property, were being provided with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

The service did not have clear guidelines for people's finances. We had concerns about people's access to their own money and how they could spend it. The provider made improvements to their processes following our inspection. Whilst this was a supported living service and Care Quality Commission do not inspect the premises, we found concerns around fire safety. We have made a recommendation to follow best practice guidance on fire risk management. We found gaps in people's employment history. The provider told us they were aware of the gaps but had not recorded them.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; but the policies and systems in the service did not support this practice. There were no best interests decisions being recorded. Some people had no consent to care agreements in place at the time of the inspection though people told us and observations confirmed people's consent was sought when staff provided care. We have made a recommendation about following best practice with regards to recording people's consent.

The service did not always keep up to date records. We saw annual and monthly reviews which were overdue.

Staff knew what to do if they suspected abuse and who to report it to. There were sufficient staff working at the service to meet people's needs. Risks to people were monitored and managed. People's medicines were managed safely. Staff understood the importance of infection control. Incidents and accidents were recorded, and lessons learned when they occurred.

People's needs were assessed before receiving a service to ensure the provider could meet their needs. Staff received inductions and training about how to do their jobs and told us they were supported in their roles by the registered manager. People were supported to eat and drink. Staff worked with other agencies to ensure people received effective timely care.

People and relatives told us staff were caring. The service supported equal rights. People and relatives could express their views and be involved in decisions about their care. People's privacy and dignity was respected. Staff understood privacy and the need for confidentiality.

People's needs and preferences were recorded in care plans which focused on how best to support them. The service worked to ensure people's communication needs were met. People were supported to take part in activities both individually and as a group. People were supported to be able to complain, though the service had received no complaints since our last inspection.

People, staff and relatives spoke positively about the registered manager. Staff understood their roles. People, relatives and staff engaged with the service through regular meetings and surveys. Staff worked in partnership with other agencies to benefit people using the service. There were quality assurance measures in place.

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 01 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches in relation to safeguarding of people's finances, seeking consent and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Lynwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service 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

The inspection was unannounced. Inspection site visit activity started on 21 January 2019 and ended on the same day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. 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 and after inspection:

We spoke with five people who used the service to get their views on the care they received. We also spoke with two relatives by telephone following the inspection. We looked at three people's care records and medicines records, as well as other records that support the running of the service. We spoke with eight members of staff; six carers, the registered manager and a director for the provider of the service.

Is the service safe?

Our findings

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

At 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were not robust and there was the potential for people to be at risk of financial abuse. Whilst we do not believe people were being financially exploited, we had concerns about their access to their own money and how they could spend it. It was not entirely clear whether people had the ability to buy what they wanted with their own money as there was no policy or guidance around this, other than a spending of petty cash procedure. All people using the service had mental capacity assessments in place with specific regard to finance.
- The service advanced people money should they want to buy something. However, their petty cash procedure contradicted their financial mental capacity assessments in seeking signatures for any advances, and did not provide guidance as to how much money could be provided.
- We witnessed the registered manager tell a person not to buy a gift for someone, but to make them a gift instead as they thought it more appropriate given this was a professional relationship. However, we felt this would have been for the professional to decline rather than to stop a person buying something they wanted to buy for someone.
- It wasn't clear what people could buy. For example, one person's support plan stated they wanted a computer. At the time of the inspection the registered manager was unable to give us a reason as to why they didn't. There were no best interest decisions in people's care plans, about the purchase of valuable items or otherwise. Similarly, when asked about internet access for people using the service the registered manager said people wouldn't need it as only one person could read or write.
- We also were concerned that staff were using people's milk, tea, coffee, and occasionally sandwiches, that people had bought with their own money. There was no staff fridge. There was no documentation indicating people's consent to their sharing of food stuffs with staff or any indication the provider sought to reimburse people for food used.

The provider had not implemented robust procedures and processes that made sure people were protected from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager and director for the service understood our concerns and sought to provide us with assurances following the inspection. They provided minutes of a meeting wherein the person who wanted a computer stated they were happy as they already had a tablet and the use of people's foodstuffs by staff had ceased. They provided further guidelines for clarity around how staff assisted people with their money.

- Staff knew what to do if they thought people were at risk of abuse. One staff member said they would,

"Report to the manager" and also "let CQC know." Staff received training in safeguarding and understood there were different types of abuse. The service had not raised any safeguarding alerts since our previous inspection.

Assessing risk, safety monitoring and management

- Fire risk and safety systems were out of date at the time of the inspection. Whilst this is a supported living service, where people's environment is not regulated by CQC, the provider who was also the landlord, had a responsibility to ensure people were safe in their home.
- We saw the service had a fire risk assessment which was five months out of date. This assessment had recommended actions which the provider had not completed. One of which was to create a fire plan, or what to do in the event of a fire. There was no overarching fire evacuation plan for people using the service, though residents had individual personal evacuation plans. This meant people were put at risk of harm because there was no process or plan for staff to follow in the event of a fire.
- Following the inspection, the provider sent us evidence that a new fire risk assessment had been completed and a fire plan drawn up to assist staff and people in the event of a fire. The also provided evidence that fire alarm and emergency light certificates which we had found marginally out of date, had been renewed.

We recommend the service follow best practice guidance on fire risk management.

- Risks to people were assessed, monitored and managed. People's risk assessments included medicines, accessing the community and nutrition as well as others which sought to keep people safe from harm. Assessments included actions for staff to take which could mitigate risks to them, either in their daily lives or specific activities they may undertake. For example, we saw a risk assessment about the use of a paddling pool in summer. This meant the service sought to keep people safe from harm.

Staffing levels

- Staff recruitment processes could be improved. We saw there were gaps in staff employment histories which meant they may have been unsuitable to work with people. The registered manager told us they were aware of the gaps and had discussed them with staff, but these discussions had not been recorded.
- The service had completed pre-employment checks for new staff to ensure their suitability for the roles, such as providing references, identification checks and completing enhanced Disclosure Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- People, relatives and staff told us there were enough staff. One person said, "There's enough staff." A relative said, "We normally go on a Wednesday and always seem to be enough staff." We saw staff rota and that there were sufficient number of staff working. Staff also told us that if staff were sick there was always someone who would come and cover a shift.

Using medicines safely

- People and relatives told us people were supported with their medicines. A person told us, "Its ok [being administered medicines] they give a drink of water." A relative said, "[Person] has a blister pack and they support them with it." Staff administering medicines were trained and assessed as competent to do so. We also counted two people's medicines and found them in order.
- There was various documentation to support the administration of people's medicines. Staff completed Medicine Administration Record (MAR) sheets to record what medicine people took and when they took it. People's care plans recorded relevant information about people's medicines and whether there were any risks associated in taking medicines.

- We noted the service was not following their own medicines administration policy in respect of controlled drugs, however we found no issue with how controlled drugs were managed. Following the inspection, the provider sent us an updated policy.

Preventing and controlling infection

- Staff understood infection prevention. One staff member told us they prevented the spread of infection through use of protective equipment such as, "Gloves, aprons, bacterial hand-wash for washing our hands." The service-maintained cleaning checks to ensure places were kept clean and free from possible infection. This meant that there was decreased risk of people being infected due to the services monitoring and management of infection control.

Learning lessons when things go wrong

- The service learnt lessons when things went wrong. There were incident and accident policies that guided staff on what to do in those type of situations. There was an accident and incident book that recorded what happened before and during incident and what actions were taken following the incident to ensure risks were mitigated. Incidents were then discussed with staff at handover or team meetings. In this way the service sought to mitigate reoccurrence of incidents and accidents by learning when things went wrong.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care plans contained mental capacity assessments. These were specific and related to people's personal care, finances and going on holiday. The finance capacity assessments we saw stated that people did not have the capacity to look after their own finances. The holiday capacity assessment assessed people could make the decision to go on a specific holiday and the personal care assessments stated a person could make decisions about their personal care, though they lacked the ability to retain information.
- We raised concerns with the registered manager as we found there were no best interest decisions recorded with regards to finances or purchases made for people. Where people lack the capacity to make decisions, best interest decisions should be made on their behalf with parties who have an interest in their welfare, such as family members, social workers and or social care staff, assisting in the decision making. There seemed to be no input from appointees, those with decision making responsibility for people's finances, recorded in people's care plans. All documentation relating to people's capacity had been completed solely by the registered manager.

Where people lacked mental capacity to make an informed decision, or give consent, the provider had not acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. The provider had not ensured a best interest process had been followed in accordance with the Mental Capacity Act 2005. There was a breach of Regulation 11 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

Following the inspection and in response to concerns, the registered manager and provider told us appointees were involved in decision making and showed us emails about this. We spoke to some family member appointees who confirmed this. These discussions had not been recorded by the service. The service sent us updated policy and guidance to support best interest meetings being held around people

finances and stated they would record best interest discussions in future.

- Some care plans lacked consent to care agreements in people's care plans. We looked in three care plans at inspection and found no consent to care agreements. This meant there was no explicit agreement in place to record where people, or those who advocated for them, agreed with the care they were receiving. Whilst we understand this can be implied, there was no documentation to state consent should be implied. Following the inspection, the provider sent us copies of two people's consent to care agreements which had been in place before our inspection.
- People told us, and observations of staff confirmed, that staff asked people for consent when providing care. One person said, "Yes they do [ask permission before providing care]." Staff understood the need to offer consent and told us, "We give options and choices [to people]."

We would recommend the service follow best practice guidance around recording consent.

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

- People's needs were assessed before they began using the service. This was so the service knew whether they could meet people's needs before they began using the service. These assessments were in line with the law and ensured people with certain characteristics, such as physical and mental disabilities, were protected. Assessments comprehensively covered different areas of people's lives. They focused on what support people might need, covering areas such as medicines, behaviour and physical health needs.

Staff support: induction, training, skills and experience

- People and relatives told us staff knew how to do their jobs. One relative said, "They have been trained." Staff received inductions when they began working for the service so that they knew what they were supposed to be doing. We saw a record of the training staff had which included training specific to people's needs. For example, staff had completed training on autistic training conditions. Two staff had training refreshers which were marginally out of date. Following the inspection, the provider sent us evidence these had been completed. Training included areas such as safeguarding, infection control and administering medicines.
- Staff told us they felt supported by their manager. One staff member said, "Yes we are [supported in our role]." Records confirmed that staff had supervision with the registered manager and could discuss their work, wellbeing and any issues that may affect them fulfilling their role.

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

- People were supported to eat and drink. We observed staff supporting people by cooking their food and assisting them whilst eating. We saw that all staff had received training in food hygiene. Food menus were decided by people who could choose to eat what they liked when they wanted. Care plans recorded people's preferences around food and whether any support was necessary with respect to food, nutrition and eating.

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

- People were supported with their health care needs and the service worked with other agencies to provide effective care. A relative told us, "[Person] gets taken down the doctors." Care plans recorded people's health and social care needs and we saw various correspondence between health and social care professionals including wheelchair assessment team, GPs and social workers. This meant people had access to and received care and support from other agencies.

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 relatives told us that staff were caring. One person said, "They are kind." A relative said, "They always do what [person] wants, anything, and they are always asking what they want." Another relative said, "Whenever we are there, the way [person] talks about the staff and the way staff behave towards them [is how we know staff are caring]. Our experience with Lynwood has always been they are patient and look after people well." Observations of staff and conversation with them confirmed they knew the people they worked with and were able to tell us their likes, dislikes and how to support them in ways they liked. For example, staff were able to tell us how people liked their tea or coffee and how they liked to spend their time.
- The service supported people around their faith. Provision was made for people to attend services of different denominations. People's care plans recorded their cultural needs and how best to meet them. Policies and documentation highlighted supported peoples' rights around faith, sexuality, diversity and choice.

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

- Relatives told us they were involved in choosing people's care and reviewing their needs. One relative said, "I am always invited to reviews, I don't go anymore but [registered manager] will always keep me up to date." Another said, "We chose it [the service]. We just had a meeting in [person's] room. We're included." People's views and preferences were recorded in their care plans and there was also the opportunity to express views at residents' meetings. The service was small and relationships between people, staff and management was friendly and informal; we saw people asking for things and making statements and staff responding appropriately.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy and dignity was respected. One person said, "Staff knock on the door." A relative said, "If person wants they can go up to their room." We observed staff knocking on doors and speaking to people in respectful terms.
- Staff understood the need to maintain people's confidentiality. One staff member told us, "Everything remains confidential." Confidential records were stored in locked filing cabinets in a lockable office or on a password protected computer. This helped to protect people's right to privacy.
- Staff understood the importance of promoting people's independence. One staff member told us, "We encourage them to be involved." Documentation recorded what activities people liked to do and the service sought to support them with what they liked such as attending college, clubs and discos. This meant people

were supported to be independent.

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.

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

- People's care needs and preferences were recorded in care plans. This information guided staff how best to support people. They recorded people's health needs and behaviours and how to work with people in a way that best suited them.
- Care plans focused on support for people. Areas covered included social support and relationships. For example, one care plan stated, 'Staff to support [person] when they visit their [relative] as their health has deteriorated of late and [person] needs a lot of support emotionally and physically to undertake home visits.' This meant people were supported by staff who understood their emotional needs as well as their physical needs.

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.

- The service supported people with communication needs. We saw people's communication needs were assessed before joining the service. The service provided pictorial menus to assist people with learning disabilities understand choices they were being asked to make. These included menus, making complaints and talking about support plans. We also observed staff using touch with one person to ensure they understood they were being spoken to and seeking a response. This meant the service worked to meet people's communication needs.

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

- People at the service were supported to take part in activities both as groups and as individuals. One person said, "I'm able to go to college on Tuesday, club on a Thursday." On the day we inspected, five of the people who used the service were attending college. People also told us, and records confirmed, that people went on holidays and day trips together. We saw evidence of people being supported to attend holiday as individuals. The service also provided activities in the home for people to be involved with such as quizzes and karaoke.

Improving care quality in response to complaints or concerns

- People told us they knew who to complain to if they needed to. One person said, "Tell [registered manager]." A relative said, "If we got a problem we will talk to [registered manager]." At the time of our

inspection the service had received no complaints. The service had a complaints policy which was included in the service user guide. This was in easy read format to make it easier for people to make complaints.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service did not always keep up to date records. We saw that annual and monthly care plan reviews were overdue. Similarly, we saw support plans which were not dated so we were not able to tell whether the support plan was current or not and or a true reflection of people's current needs. When we arrived for inspection the registered manager told us they were updating their policies. We found the medicines policy was not being strictly followed but saw there was no negative impact on service users.
- The registered manager's and provider's oversight of the service failed to identify the issues we found during our inspection. These included concerns around the potential for financial abuse as systems and processes lacked clarity, fire safety concerns, issues with recruitment, mandatory training not having been completed on time, issues with mental capacity documentation and overdue paperwork.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection, the registered manager and director sent us supporting evidence to indicate they understood our concerns and wished to address them. They updated policies and people's documentation, held meetings with people and ensured staff completed training. They also explained they had changed their system for reviewing care plans.

- The registered manager and staff understood their roles and responsibilities. All staff reported to the registered manager who worked with the director to ensure that people's needs were met. The registered manager was aware of their regulatory responsibility and informed both host local authority and Care Quality Commission when they needed to. They understood quality performance as they were working on an action plan following the visit from the local authority, The registered manager also informed relatives when things went wrong. This meant they understood regulatory requirements and acted with duty of candour.

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

- People, relatives and staff spoke positively of the registered manager. One person said, "They're alright." A

relative said, "I think [registered manager] is lovely and does care about the residents. They do a good job even though it is difficult." One staff member told us, "Yes they [registered manager] are fair to all [staff]."

- Documentation at the home sought to person centred. Whilst some policies were being updated, we saw that on the whole paperwork focused on providing holistic care to people based on their needs and preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held to share important information and provide engagement opportunities. House meetings were held regularly where people had the opportunity to input into their care and make decisions about joint activities such as cooking and fun activities such as karaoke and parties. Staff held meetings with each other, and also with relatives, where changes to peoples care and how the service was run were discussed. Discussion topics included people's wellbeing, complaints from staff and cooking.
- The service sought opinions through survey. We saw surveys gathered from people, relatives staff and professionals who worked with the service. Feedback gained was generally positive and painted a contented picture of the care provided at the service. Feedback from one professional we saw stated, "Staff are extremely caring."
- Staff worked in partnership with other agencies for the benefit of people using the service. These links included professional relationships with healthcare providers, colleges and religious organisations. There was a specific focus on supporting people with learning disabilities ensuring people had the opportunity to lead fulfilled lives.

Continuous learning and improving care

- The service had quality assurance measures in place to monitor the care provided. These measures were compiled of regular audits and checks on systems and processes in place. Audits and checks we saw included infection control, health and safety and medicines audits. The registered manager maintained a monthly audit report that had been in place for three months and contained findings from each of the audits the service completed. In this way the registered manager sought an overarching view of all quality assurance in the service.

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
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Best interest decisions were not being recorded. There were no consent to care agreements.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service did not have clear guidelines and accountability for with respect to people's money. There was the potential for financial abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Policies were not always followed. Care plan reviews were overdue.