

DW Complex Care Ltd

# Lynton House

## Inspection report

36 Hatfield Road  
Torquay  
TQ1 3BP

Date of inspection visit:  
04 July 2022  
21 July 2022

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### 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

Lynton House is a domiciliary care agency providing personal care and support to people with a learning disability, autism or who have complex needs associated with their mental health who live in their own homes. The service supports people on a 24-hour basis, enabling them to live independently.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support: Model of care and setting maximises people's choice, control and Independence.

People were able to choose how they spent their time and were supported by staff to take part in activities and pursue their interests in their local area/community. People were supported and encouraged to be independent and staff had a good awareness of people's needs and preferences. However, we found more work was needed to embed the principles of the Mental Capacity Act 2005 (MCA).

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. However more work was needed to ensure the language used within people's daily notes and incident reports was also reflective of these principals. Staff knew people well and understood how to communicate effectively with people. Staff spoke about people in a dignified and respectful way and it was clear from our conversations that staff had developed good relationships with people. However, support plans were not always reflective of the current level of risk associated with providing support.

Right culture: The ethos, values and attitudes of managers and staff helped to ensure people using services were enabled to lead confident, inclusive and empowered lives. The registered manager and staff spoke passionately about promoting people's wellbeing, safety, and security. Staff understood their role in making sure that people came first, and their care and support was tailored to their individual needs and preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 04 August 2020 and this is the first rating inspection.

### Why we inspected

This was a planned inspection for a newly registered service.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, recruitment and governance at this inspection. We have also made recommendations in relation to deprivation of liberties safeguards (DoLS), staff induction and records.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Lynton House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector undertook the inspection.

#### Service and service type

Lynton House is a domiciliary care agency. This service provides care and support to people living in their own houses and flats, 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 July 2022 and ended on 21 July 22.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also looked at statutory notifications we had received. These are events or important information that the service must tell us about, by law.

#### During the inspection

We spent time with and spoke with people, relatives, three members of staff, the registered manager and the nominated individual of DW Complex Care. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed people's care records. We also reviewed records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

This is the first rated inspection of this newly registered service. This key question has been rated 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; Preventing and controlling infection

- People were not always protected from the risk and spread of infection.
- We were not fully assured that all staff were using PPE effectively, safely and in line with best practice guidance. For example, the provider had made a decision for staff not to wear face masks whilst working with one person due to the impact this would have had on the person's emotional health. The provider had failed to assess the risks related to this decision or seek advice from the local authority's infection prevention and control team or Public Health England. Following the inspection, the provider confirmed they had made contact with the local authority and were reviewing this decision.
- People were at risk of avoidable harm as staff did not always have all the information needed to meet people's needs safely. For example, one person's incident records indicated this person could at times of emotional distress, present a risk of harm to themselves as well as others. This information did not form part of this person's care plan and there was no risk assessment in place to guide staff as to any actions they should take to keep this person, themselves and others safe. The failure to assess and mitigate these risks placed this person, staff and others at an increased risk of avoidable harm.
- People and staff were not always protected from the risk of harm as they were living and working in an environment that may not be safe. For example, the provider had introduced increased security measures at one-person's property but had failed to assess the risks and impact of those increased security measures on the person's and staffs' safety. We discussed what we found with the registered manager who took immediate action.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to the management of people's complex needs, infection control and the environment were being effectively mitigated and managed. This placed people and staff at an increased risk of harm and was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people's health, safety and well-being were managed safely. The service obtained information about people's care needs and associated risks prior to their arrival. Care records provided guidance for staff about how to provide support to minimise these risks.
- Staff received training in infection control.
- Staff completed twice weekly COVID-19 tests.

Staffing and recruitment

- People were not always protected by safe recruitment practices.

- We looked at the recruitment information for three members of staff. Whilst some recruitment checks had been carried out, others had not. For example, application forms did not request a full work history and gaps in employment were not explored or discussed as part of the recruitment process. This meant the provider was unable to demonstrate they had followed a thorough recruitment process in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We discussed what we found with the nominated individual and registered manager who were unaware of the regulation and the need to meet schedule 3.

The failure to establish and operate safe and effective recruitment procedures is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were deployed in sufficient numbers to meet people's assessed needs.

Learning lessons when things go wrong

- Systems were not fully embedded or robust enough to demonstrate accidents and incidents were effectively monitored, reviewed or used as a learning opportunity. This meant, the potential for re-occurrence was high because insufficient action had been taken to review, investigate or learn lessons.

Systems to assess and improve the quality and safety of the service were ineffective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. A relative said, "I do not have any concerns about [person's name] safety."
- Staff had completed training in relation to safeguarding and were aware of how to report concerns both within the organisation and externally. One staff member said, "If I suspected anyone was at risk of abuse, I would contact my manager or the local authority."

Using medicines safely

- People received their medicines as prescribed.
- Medicines were managed safely and stored securely.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Staff told us they had received training in the safe administration of medicines and the provider confirmed that an assessment of staff's competencies would be carried out regularly.



# 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.

This is the first rated inspection for this newly registered service. This key question has been rated 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the management team did not have a good understanding of the Mental Capacity Act and DoLS process within community settings. This lack of understanding had led to one person having various restrictions placed upon them without a legal basis or framework in place to support them. For example, at the time of the inspection the service did not have the required paperwork in place to support the various restrictions detailed in one person's support plan. They did not know if the local authority had made a deprivation of liberty application to the Court of Protection or if they should apply for an urgent authorisation under the DoLS process. Following the inspection, the provider provided the Commission with copies of the person's mental capacity assessments, best interest decisions and confirmed an application had been submitted and granted by the Court of Protection.

Whilst we found no evidence that people had been placed at a disadvantage. We recommend the provider ensures all staff have a thorough understanding of the principles of the MCA and DoLS process and ensures the appropriate documentation is in place, prior to applying any restrictions to people's care and support.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs safely. The provider monitored staff training on a training matrix. The training matrix provided to us identified staff had received

training in a variety of subjects. For example, equality and diversity, safeguarding adults, medicines administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs. However, we found staff had not completed an induction in line with Care Certificate Standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

We recommend the provider reviews the systems in place to ensure all staff have completed an induction which is specific to the service and the people they support.

- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported, valued and appreciated by the service's management team. One staff member said, "I receive good support and I can speak to the registered manager about anything."

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

- People's needs were assessed before they started using the service. Information from these assessments were used to develop individualised support plans and risk assessments which provided staff with guidance about how best to meet those needs in line with people's preferences.

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

- People received support to manage their health and physical care needs.
- People were encouraged/supported to engage with a range of healthcare services. For example, staff supported people to attend appointments and care records described the advice provided by healthcare professionals, such as specialist nurses and GPs to help ensure people's healthcare needs were understood by staff.

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

- People could make decisions about what they ate and drank and when. Mealtimes were flexible dependent upon what people were doing each day and staff described how they supported people to be involved in deciding what they would like to eat, menu planning and shopping.
- Staff had a good awareness of people's dietary needs and preferences and encouraged and supported people to maintain a balanced healthy diet.

# 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.

This is the first rated inspection for this newly registered service. This question has been rated good. 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 were supported by staff who had a good understanding of their individual needs.
- Support plans contained information about people's past, cultural and religious beliefs as well as their future goals. Staff used this information to develop positive relationships and to support people to make decisions about their care.
- Staff received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were understood and respected.
- Relatives and healthcare professionals spoke positively about the care and support people received. One relative said, "[person's name] receives good support from the staff."

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. The registered manager and nominated individual described how people were supported to develop and plan their care. Staff frequently asked and checked if people were happy with their care and if there was anything they wanted to discuss or change.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys. A relative said, "Communication is good, we have regular meetings with the provider."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected and people were supported to maintain and develop relationships with those close to them. Relatives told us there were no restrictions placed on visiting and whenever they visited, they were always made welcome.
- Support plans contained information about what each person could do for themselves and staff described how they encouraged people to increase their independence and to develop life skills.
- People's personal records were kept secure and confidential and staff understood the need to respect people's privacy including information held about them.

# Is the service responsive?

## Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated good. 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

- Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This enabled staff to support people in the way they wished to be supported to live full and active lives and to develop their independent living skills.
- Support plans and risk assessments were reviewed and updated when people's needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

Support plans identified people's communication needs and how they could be supported to understand any information provided.

- The provider had developed some information in an easy read format which helped to ensure people had access to information they needed in a format they could understand. However more work was needed to ensure people's computerised care records were fully accessible.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyles.

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 were encouraged and supported to lead full and active lives, follow their interests, take part in social activities, attend college and work placements. We saw people were engaged in a wide range of activities based on their individual preferences, interests and support needs.
- Staff described how they worked with people to ensure they were not socially isolated, but also respected some people needed to have time to themselves.
- People were supported to maintain relationships with friends and family.

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and felt able to raise concerns if something was not right. The registered manager regularly met with people to discuss their support and check if they were happy.
- The complaints procedure was displayed within the service's office and was available in an easy to read

format should people need this.

- Relatives knew who to contact and were confident the registered manager / provider would address any concerns.

#### End of life care and support

- No one was receiving end of life care or support at the time of the inspection. Whilst this was not a service that was routinely provided, support plans contained information about the person's health care needs as well as emergency contact details for relatives. This helped to ensure people's wishes could be known and respected in an emergency.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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;

- The provider had a variety of systems in place to assess, monitor and drive improvement. The nominated individual and registered manager described how this framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- We found systems and processes to monitor the service were not undertaken robustly; did not identify the concerns we found at this inspection and needed time to fully embed. This meant they did not drive improvement and could not be relied upon as a source to measure quality and risk. For example, in relation to the management of risks, staff induction, MCA, learning lessons and culture.

Systems were either not in place or robust enough to demonstrate the service was being effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The language used within one person's daily notes / incident records did not always demonstrate a person-centred approach and was not in keeping with best practice guidance. We discussed what we found with the registered manager and nominated individual who recognised as a new service their values, expectations and culture still needed to be fully embedded. However, plans were in place to address this with staff through training, supervision and positive role modelling.

We recommend that the provider reviews care records to ensure the language used by staff is respectful and values them as equal partners in their care and does not compromised their rights.

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 and nominated individual were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- Relatives and staff were encouraged to share their views and could speak to the registered manager or provider if they needed to. One relative said, "We have regular meetings, which is very helpful."
- There were a variety of ways in which people could provide feedback on the service. These included annual surveys, face to face meetings or over the phone.

Continuous learning and improving care; Working in partnership with others

- Throughout the inspection, the provider was open with us, acknowledged any areas for improvement and was keen to put processes in place to address any areas of concern.
- Regular meetings and handovers helped to ensure learning was shared between teams.
- The registered manager and nominated individual had good working relationships with partner agencies which promoted good outcomes for people. This included working with people, their relatives, commissioners as well as other health and social care professionals as part of multi-disciplinary teams.
- The registered manager kept up to date with best practice by attending local forums. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's and staff's health and safety had not always been identified, assessed or mitigated.</p> <p>The provider failed to ensure that risks relating to infection control and the transmission of COVID 19 were being effectively managed.</p> <p>Regulation 12 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the safety and quality of the service.</p> <p>Regulation 17 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that recruitment procedures are established and operated effectively.</p>



