

Dharshivi Limited

Lynwood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

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.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People had their own rooms and had independence to make choices about how they wanted to live their lives. Care was person centred with staff knowing people well and providing care to their liking. Staff understood the nature of the service they provided and sought to empower people to make choices.

People at the service were kept safe through robust safeguarding policy and practice. Risk assessments sought to keep people safe and mitigate risks to them. Fire risk systems were up to date and the service had acted on a recommendation we made at our last inspection. The service's staff recruitment processes were robust. People's medicines were managed safely. The service had implemented and was following government guidelines to limit COVID-19 transmission. Incidents and accidents were recorded and followed up on indicating lessons were learned when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service had followed a recommendation from our previous inspection with regard to recording consent; consent to care agreements were in place as were records of best interest discussions to support people with their choices. Assessments were in line with the law and ensured people's needs could be met by the service. Staff were supported in their roles through induction, training and supervision. People were supported to eat and drink and could make choices about the food they ate. Staff communicated effectively with each other and supported people with their health care needs.

People and relatives spoke positively about staff and management. Staff understood their roles and responsibilities. Documentation at the service had been reviewed since our previous inspection. Quality assurance measures were in place. People, relatives and staff were engaged with the service through regular meetings and/or communication with the service. The service worked in partnership with other agencies to benefit people using the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service has now improved to good.

Why we inspected

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to ensure there were sufficient staff to support with our inspection.

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

During and after inspection:

We spoke with two 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 five members of staff; three carers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection 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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There were policies and procedures to safeguard people from potential financial abuse. At our last inspection we had concerns about the access to and control of people's money. At this inspection we found the policy had been updated and implemented and there was ample evidence of interaction with local authorities and families with respect to people's finances. This meant there was transparency around people's choices and ability to buy things they liked.
- At our last inspection we were concerned that staff were consuming people's food and drink as there was no staff fridge nor consent agreements for people consenting to staff consumption of their foodstuff. At this inspection we saw there was a staff fridge where their food and drink were kept and the provider ensured there was beverages for staff and visitors.
- Staff knew what to do if they suspected abuse. One staff member said, "Report to the management, and failing that we'd tell the council or CQC." Staff received regular training in safeguarding and were able to tell us about different types of abuse. The service had not raised any safeguarding alerts since our previous inspection.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider follow best practice guidance on fire risk management. The provider had made improvements.

- Fire risk and safety systems were up to date at the time of the inspection. The service's fire risk assessment and evacuation plan was in date. Staff told us they regularly made fire safety checks and had drills to assess readiness. One staff member said, "We do fire drills, last one was quite recent, four weeks ago."
- Risks to people were assessed, monitored and managed. People's risk assessments were personalised and sought to keep people safe in a variety of different situations. They included risk from Covid-19, using bathrooms, behaviours and using electronic devices as well as others pertaining to people's health.
- Risk assessments contained mitigating actions for staff to reduce risk. For example, we saw a risk assessment about the risk of falls. There was information about the potential risks to the person about how

and where they might fall and what measures were in place to mitigate these risks including what staff could do to minimise the potential of this happening. This meant the service sought to keep people safe from harm.

Staffing levels

- Staff recruitment processes were robust. We looked at two staff files and saw staff were recruited with people's safety in mind. Staff had provided references, identification and employment histories as part of pre-employment checks. Enhanced Disclosure and Barring Service (DBS) checks were also completed which help 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 working here." The staff rota showed there were sufficient numbers of staff working to support people's needs. Staff told us whilst there had been difficulties due to the pandemic, they maintained care for people as expected. One staff said, "It's a lockdown. We have had struggles but usually three staff are on duty; we have taken a commitment and we are still protecting the residents."

Using medicines safely

- People and relatives told us people were supported with their medicines. A person told us, "They give me a drink of water when taking meds." A relative said, "Oh yes, they support [person using the service] with medicines." Staff received regular training to administer medicines and had been competency assessed to do so. We counted one person's medicines which were stored securely, and we found them to be in order with all medicines accounted for.
- Paperwork to support medicine administration was up to date and in order. We checked people's Medicines Administration Record (MAR) sheets and saw they were used correctly. Medicine administration and MAR completion was overseen by two staff which assisted with the limiting of errors though they occasionally occurred. Where there had been an error on one MAR sheet, we saw an update in the service's communication book highlighting the error and management had been informed with no harm to people involved.

Preventing and controlling infection

- The service worked to prevent infection and had implemented government guidance to limit Covid-19 transmission. Staff and visitor temperatures were checked upon entry and there was signage throughout the service to remind people about the importance of handwashing and use of Personal Protective Equipment (PPE). Staff were seen wearing PPE for the duration of the inspection and the service had ample supply. Staff told us, "We use gloves and aprons."
- There was a risk assessment in place for visitors and friends regarding Covid-19. The risk assessment stated the hazards, who might be harmed, and what the service was doing to mitigate risk of transmission of infection.

Learning lessons when things go wrong

- The service sought to keep people safe when things went wrong. Incidents and accidents were recorded and followed up on to ensure the risk of their reoccurrence was mitigated. We saw an example where a person had an accident; the reason for the accident was deduced and the person's welfare was followed up on after the incident to ensure they were ok and there were no long-lasting effects. Accidents and incidents were discussed by staff at handover or in team meetings. This meant the service learned lessons when things went wrong and sought to keep people safe from harm.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

We also recommended the service follow best practice guidance around recording consent. The service had followed our recommendation and consent was recorded.

- Care plans contained mental capacity assessments and information about making choices in people's best interests. Mental capacity assessments recorded people's ability to remember information and make decisions. Best interest decisions were made when people had difficulties making decisions. Correspondence with local authorities and relatives showed a record of decisions being made to support people, particularly around purchases they wished to make.
- There were consent to care agreements in people's care plans. This meant people had been asked to agree with the care they received as required by law. Where people could not consent, their best interest had been recorded. Staff were observed asking people's consent when providing care. Staff told us they understood the importance of people making choices. Staff told us their understanding of the MCA and highlighted people made their own choices as far as possible. One staff member said, "It is their choice and decisions about most things they can make their own choice"

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

- People's needs had been assessed before using the service. No new person had begun using the service since we last inspected. The service identified whether they could meet people's needs or not before they began using the service. Needs assessments covered different areas of people's life including their health care needs and social preferences.

Staff support: induction, training, skills and experience

- Staff were supported in their roles. Staff received inductions when they began employment which prepared them to do their jobs. Staff had received regular training to ensure they remained competent in their roles. The COVID-19 pandemic had impacted on face to face training, but staff had continued to receive training online.
- We saw emails from the provider reminding staff to complete training. We also saw training had been completed which was specific to people's needs, such as epilepsy and autism. Relatives told us they felt staff knew how to do their jobs. One relative said, "Yes, I do [think they are suitably skilled and knowledgeable]."
- Staff told us they felt supported by management. One staff member said, "I am able to talk about things that matter." Staff had supervision meetings with the nominated individual or registered manager and could discuss any matters they were concerned with, the main focus being their work and wellbeing.

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

- People were supported with eating and drinking. Staff supported people by cooking their food and assisting some to eat. Menus were chosen by people so they could eat what they liked, which they could also do when they wanted.
- Care plans recorded people's dietary needs and food preferences. Staff knew people well and were able to tell us their dietary requirements. For example, one member of staff explained people's dietary preferences based on their religion or health and how they needed to be supported with their meals.

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

- Staff communicated with each other and other services about people's needs to ensure they received effective care. Communication books and handover notes demonstrated information was shared among staff so they knew what was going on in people's lives to support them well. Where required, information was also shared with other agencies to support meet people's needs. A staff member told us, "These are read on shift to catch up, important stuff is written in the communication book."
- The service worked with healthcare professionals to ensure people's needs were met effectively. People's healthcare needs were recorded in their care plans alongside communication with a variety of health care professionals including nurses, speech and language therapists and mental health care professionals. Where required, monitoring records were completed to inform professionals about people's ongoing health. This showed people were supported with their healthcare needs.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had not maintained up to date records or adequate quality assurance measures. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Support plans and care plan reviews at the service were up to date. We saw various correspondence with professionals and relatives which indicated people's needs being met was the core objective of the service.
- We found some documentation contained language and or terms which could be considered out of date or obsolete. However, these documents had been reviewed recently and aside from obsolete terms, they could be understood by whoever read them. The management updated the documentation following our inspection.
- Staff understood their roles and responsibilities. The pandemic had led to some changes in how the service was being managed as the registered manager had not been on site throughout the lockdowns. However, alternative measures had been implemented with other staff acting up and the nominated individual taking a more hands-on role at the service.
- The registered manager and nominated individual were aware of their regulatory responsibility and worked with both host local authority and Care Quality Commission when required. As a management team they had worked on an action plan drawn up following our previous inspection. Relatives also informed us they had been contacted whenever anything went wrong. This showed management at the service understood their 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 spoke positively about staff and management. One person said, "They treat me well." Another said, "The staff are nice and kind."
- The service was providing person centred care. People were spending most of their time in their home as many of their external activities had stopped due to the pandemic. Staff had been providing alternative

activities and we observed people laughing and smiling whilst doing activities such as daily exercises and singing songs.

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

- People were able to engage with the service through meetings. Minutes from meetings highlighted important information was shared with people as well as offering an opportunity to input into the care they received. Topics we saw discussed included food, the importance of sitting in the shade, drinking water and talking about how COVID-19 had inhibited activities.
- Staff also held meetings where they had an opportunity to engage with how the service worked. Minutes of staff meetings showed discussion on topics such as staff welfare, incidents, residents wellbeing and care, meaningful activities as well as others. One staff member said, "We talk about things related to clients and staff and what we need to do to solve things."
- Relatives told us they had been able to engage with the service through completion of quality questionnaires, though management told us the pandemic had hampered this being done this year. One relative said, "Not [received a questionnaire] recently but we have previously. They highlighted what has been done and not done."
- The service worked in partnership with other agencies. We saw correspondence and documentation indicating open lines of communication and professional relationships with social services, healthcare professionals, colleges and religious organisations. Documentation showed the service focused on supporting people with learning disabilities to lead fulfilled lives.

Continuous learning and improving care

- Quality assurance measures were in place. Regular audits looked at different areas of the service with a view to monitoring and improving care provided to people. Areas we saw covered included, but were not limited to, documentation reviews, risk assessments, behaviour guidelines, incident reports, health appointments and staff training and development. This meant the service sought to continuously learn and improve the care they provided.