

Voyage 1 Limited

# Lynwood House

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Lynwood House is a care home. People in residential care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lynwood House accommodates up to ten people in one adapted building. The people who live in the home have learning disabilities. At the time of the inspection eight people were living there.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. Staff we met and spoke with were happy, proud and cared about the people they supported.

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out before staff undertook employment to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. The home was clean and staff followed the providers infection control policy and procedures.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when required. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported by staff to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting their choice. Staff provided a caring service to people which respected and promoted their dignity. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People benefitted from a service that was well led. The values and culture of the service were clearly communicated to and understood by staff. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

Rating at last inspection: Requires Improvement (published June 2018).

Why we inspected: This was a planned inspection based on previous rating. At this inspection we found improvements had been made and the overall rating had changed to Good.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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

## 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 Safe findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was well led.  
Details are in our Safe findings below.

# Lynwood 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. 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:

Lynwood House is a residential care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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: This was an unannounced inspection

What we did:

Before the inspection we looked at information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During our visit we spent time observing and spending time with four people. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people either had a learning disability and/or dementia. We spoke with two people living at the home. We spent time with the registered manager and spoke with four staff members.

We looked at two people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, complaints, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the inspection of March 2018, we found improvements were required to further ensure people's safety. Some risk assessments were missing where there had been an identified risk to people. Medicines were not always managed safely. Guidance for staff how to support people in the event of an emergency was not always clear.

Following the inspection, the provider sent us an action plan about how they would rectify this and within what timescales. At this inspection we found these improvements had been met.

### Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely. Where required equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Up to date emergency plans were in place to ensure people were supported in the event of a fire.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people and staff safe.
- Records showed all checks, servicing and maintenance were in place for all equipment.
- Hot water temperature checks had been carried out and were within the 43 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

### Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the appropriate skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- The registered manager increased staffing if required for example if people became unwell. Staff did not raise any concerns about staffing levels.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Appropriate pre-employment checks had been completed and written references were validated.

Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

#### Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months.
- Over the last year the service had improved their audits of medicines management and this had resulted in significant improvements particularly around accurate record keeping.
- Staff completed safe medicine administration training before they could support people with their medicines. Planned practical competency reviews took place with all staff to ensure best practice was being followed.

#### Preventing and controlling infection

- The home was clean, homely and free from any unpleasant odour.
- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, and cleaning materials.
- The registered manager ensured staff were adhering to the services policy. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

#### Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

At the inspection of March 2018, we found improvements were required to ensure staff training was up to date. Following the inspection, the provider sent us an action plan about how they would rectify this and within what timescales. At this inspection we found improvements had been met.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people.
- The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff confirmed that the induction and subsequent training they received was effective. One staff member told us, "Training is imperative, I find the face to face training interactive and very useful".
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- The service had a small, steadfast group of staff. Staff worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervision and felt they were supported by the registered manager. Staff told us, "I think we are a lovely staff group and we all bring different qualities to the home", "I feel very supported by the manager and the other staff" and "I find the supervisions useful, it's private time and it helps my confidence".

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

- Assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide as to whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

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

- Staff ensured people were protected from the risks of poor nutrition and hydration. They offered choices and provided nutritious food that supported people's health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences.
- People were encouraged and supported to plan and prepare meals. There were no rigid menus, meals and mealtimes were flexible each day dependent on personal preferences and daily routines. Hot and cold snacks and drinks were available throughout the day.

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

- People's rooms were comfortable warm and clean. Rooms were personalised with ornaments, pictures, soft furnishings and photographs.

- There was a continuous rolling programme with regards to the general upkeep and redecoration of the interior and exterior of the home.

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

- Staff were working with other agencies to provide consistent, effective, timely care
- They ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. One visiting GP told us staff were well prepared for his rounds, patient annual reviews and had relevant information to facilitate the smooth running of his visits.
- Records and correspondence showed appropriate and timely referrals had been made to health professionals and advice provided had been acted upon.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager demonstrated a good knowledge of the MCA. Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together, others had gone out for the day.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Good systems were in place so that the registered manager would know when these expired and when to reapply.

# 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

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

- The registered manager and staff demonstrated a positive commitment to people. They wanted to ensure people felt valued and well cared for. Staff told us, "I think we are a very caring service", "I feel proud when I go home and that I have made a difference" and "We are very caring and it's the quality of care we provide that I am proud of".
- Staff supported people as equals, their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation. They wanted people to feel important and live a life that was meaningful and fulfilling.
- The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles. We read a compliment the service had received from a visiting professional. They wrote, "The home had a lovely positive atmosphere, it seemed happy and bright. Staff greeted us with a warm smile and a hello. Residents felt confident to approach us and ask us why we were there. It was positive to see residents engaged and enjoying activities".
- People appeared well cared for. They looked well kept, their hair was groomed and fingernails were clean. They wore clothing that reflected their age, gender and personal preferences.

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

- People had access to information within the home about independent advocacy services. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, to ensure their rights are upheld.
- People were involved in decisions about their care each day. Staff took time to explain choices and respected people's decisions. Where appropriate relatives and representatives were involved in decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the people they were looking after respectfully. We observed respectful interactions during our visit.
- Staff were determined and creative in overcoming obstacles in promoting and achieving independence. They had made a difference, through diligence, patience and gentle encouragement. One staff member told us, "It is important that people live fulfilling lives and we promote autonomy and empower people to be as independent as possible". One person we met and spoke with told us about his role as a health and safety officer. He visited other Voyage homes and carried out environmental checks of premises. Something he enjoyed and was proud of.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. People were supported to attend important/significant family events for

example holidays. People sent cards to family members and bought presents for them.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

At the inspection of March 2018, we found improvements were required to ensure care documentation accurately reflected people's needs. Following the inspection, the provider sent us an action plan about how they would rectify this and within what timescales. At this inspection we found improvements had been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans and where possible they took part in developing these so that staff respected individual wishes. Family also contributed when required.
- Care plans confirmed what support people required including their emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. There was specific, detailed information about behaviours, personalities and personal backgrounds.
- Staff were knowledgeable about people and cared for and supported them in accordance with their individual preferences.
- Any change to people's needs were responded to quickly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health.
- People could access a range of activities such as outings and things of interest. People could choose what they liked to do or take part in and staff respected their decisions.
- Activities were discussed at 'residents' meetings. People took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The complaints policy and procedures were available in written and picture format. It helped people understand how to express what they were feeling and what they could do if they had any concerns.
- The registered manager and staff encouraged people to express any concerns or anxieties and deal with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.
- Because staff knew people they supported, they recognised when they were unhappy or worried about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with staff about anything that may be worrying them. The registered manager had recently moved her office on the ground floor which helped promote an open-door policy and made her more accessible to everyone who used the service.

End of life care and support

- People were cared for when they required end of life care, with the support of GP and other community

health care professionals.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the inspection of March 2018, the provider did not have effective systems in place to monitor the quality and safety of the care and support people received. Following the inspection, the provider sent us an action plan about how they would rectify this and within what timescales. At this inspection we found improvements had been met.

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

- Quality assurance systems were in place and the service had a programme of audits and quality checks.
- The provider/registered manager had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance the current good practice they were achieving.
- Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- The registered manager led by example and was 'caring, kind and respected'. Staff spoke positively about them including how much they enjoyed working at the home. Comments included, "The manager is very approachable, I can talk to her about anything", "It's a lovely place to work, I feel the clients and staff have made me feel very welcome", "The manager leads by example and supports the clients and staff" and "The manager has made great improvements since she came here, she is assertive and in rubs off on us".

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

- 'Resident' and staff meetings were an effective way to share ideas, updates, discuss any concerns and make plans.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records.
- The home monitored and assessed the quality of services provided by giving people and relative's

questionnaires to complete.

#### Continuous learning and improving care

- Concerns, incidents, accidents and notifications were reviewed each month. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.

#### Working in partnership with others

- Each person had a transfer document. This was a detailed overview about people and was used when they transferred between services for example hospital admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety.
- To ensure the service kept up to date with relevant changes relating to good practice, regular forums with other providers and managers were attended. The registered manager ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, safeguarding and DoLs teams and CQC.