

Milestones Trust

Wyvern Lodge

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 

Overall summary

Wyvern Lodge is a care home which provides accommodation and personal care for up to eight people with mental health needs. At the time of our inspection eight people were living at Wyvern Lodge.

This inspection took place on 23 January 2015 and was unannounced.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "Staff are really good. They don't just do things for you like in hospital" and "You can talk to staff here, they try to understand you".

People told us they felt safe when receiving care and were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us staff provided support with kindness and compassion.

Summary of findings

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to

provide feedback and there were robust complaints procedures. One person told us; "Complaints are dealt with positively. I am able to talk to staff and issues will be dealt with"

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

Summary of findings

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 safe. People who use the service and their relatives said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Good



Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health needs were assessed and staff supported people to stay healthy. People were supported to develop skills to plan and cook meals independently.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



Is the service caring?

The service was caring. People and their relatives spoke positively about staff and the support they received. This was supported by what we observed.

Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Good



Is the service responsive?

The service was responsive. People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their support package.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



Is the service well-led?

The service was well led, with strong leadership and values, which were person focused. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Good



Wyvern Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 23 January 2015 and was unannounced.

The inspection was completed by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also received feedback from a social worker who had contact with the home.

During the visit we spoke with six people who use the service, three support staff, a visiting relative and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Wyvern Lodge. Comments included “It’s a good place to be”; and “I feel safe, I would recommend Wyvern Lodge to anyone”.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to administer their own medicine, travel independently and prepare meals. The assessments included details about the advantages and disadvantages of the person carrying out the task, who was involved in the decision making process and how any risks were going to be managed. We saw that people had been involved throughout this process and their views were recorded on the risk assessments. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, “Staff are available when I need to talk to them”. Staff told us they were able to provide the support people needed, with comments including, “There are always enough staff on shift”; and “Staffing levels are sufficient to meet people’s needs”. Staff said they worked together to cover sickness to ensure people’s needs were met.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. The home operated a five stage administration procedure for medicines. The procedure ranged from staff providing all the support for people to take their medicines, through to people being totally independent in ordering, storing and taking their medicines. There was clear information about what stage of the procedure people were on and what they needed to do to progress to the next stage. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. We saw that staff had worked with the person’s psychiatrist where they had experienced unwanted side effects from the medicines they were taking. There was a record of all medicines received into the home and returned to the pharmacist.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, “Staff are really nice”; and “Staff are really good. They don’t just do things for you like in hospital”. The relative we spoke with was positive about the support provided, commenting that staff had the skills and knowledge to meet people’s needs.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, “I have regular supervision meetings. I feel well supported and able to raise any issues” and “The manager is very flexible, I feel well supported”. Staff told us they received regular training to give them the skills to meet people’s needs, including a thorough induction and training on meeting people’s specific needs. For example, additional training on personality disorders was being organised for staff due to people’s specific needs. This was confirmed in the training records we looked at. The registered manager told us she was able to access a wide range of training courses for staff and prioritised courses based on the needs of people who use the service.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are

assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there were no authorisations to restrict people’s liberty under DoLS. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary, for example in relation to people managing their finances.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. People also said they were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently. Comments included, “I have a choice of food and cook for myself four days a week” and “There is a good choice of food. Staff support people to follow different diets, for example vegetarian”. We saw staff offered people a choice of meal at lunchtime and some people joined in with the food preparation.

People told us they were able to see health professionals where necessary, such as their GP, mental health nurse or psychiatrist. People’s support plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of a mental health crisis, details of support needed and health staff to be contacted.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “You can talk to staff here, they try to understand you”; “I talk to staff, it calms me down and distracts me”; and “Staff are really helpful”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing reassurance to one person about their plans for the weekend.

The relative we spoke with also told us people were treated well by staff. They told us; “I am happy with all the care provided. They treat people with dignity – just like you would want (a relative) treated”.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People’s preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people’s preferences for the way staff supported them with their mental health needs. This information was used to ensure people received support in their preferred way.

People were involved in all decisions about their support. People had completed their own assessment of their health needs, including information about the coping strategies they used and how they recognised signs that they were becoming unwell. People had individual meetings with staff each month to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s support plans. One person told us “They keep me informed of progress and move on plans. I am always involved”. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the organisation and how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example not discussing personal details in front of other people.

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person told us they were a member of a committee to represent the views of people using the service and help improve the service. Another person said they liked to play football with staff. We saw that some people were supported to take part in an employment project, where they were supported to develop their employment skills in a real work environment.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and goals to develop skills to live independently. The support plans set out what their needs were and how they wanted them to be met. The plans followed the recovery pathway model, which aims to support people to develop self-esteem and independent thinking skills to enable them to cope with their mental health needs. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were reviewed every month with people and we saw changes had been made following people's feedback in these reviews. We received feedback from a social worker who had supported a person who uses the service. They said that staff team had been person centred and had excellent communication with the person and the social worker in developing the support plan.

The relative we spoke with was positive about the way the service responded to people's changing needs. They commented "(My relative) is involved in review of their support and they have good contact with me. I am confident any concerns would be addressed".

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. People told us, "Complaints are dealt with positively. I am able to talk to staff and issues will be dealt with"; and "You can write in the complaint book if you have one". The registered manager reported the service had complaints procedures, which were provided to people when they moved in. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. We saw there had been three complaints in the last year, all involving disputes between people who use the service. The issues had been discussed with everyone involved and support provided to help resolve the issues.

The service had a house meeting four days a week in which people could discuss their day and any concerns about what had happened. These meetings were organised and led by people who use the service. Staff attended the meetings to answer any questions and take any concerns forwards to be dealt with. We saw from the records action was taken in response to the concerns people raised, for example, support to register on the electoral roll and how daily activities were planned.

Is the service well-led?

Our findings

There was a registered manager in post at Wyvern Lodge. The service had clear values about the way care should be provided and the service people should receive. These values were based on the recovery pathway model and providing a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service. The registered manager told us she had focused on recognising the work of the staff team and ensuring the team worked together effectively to meet people's needs. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "There is good team work – we pull together" and "There are good values, based on supporting people through the recovery programme".

The provider had area managers, who visited the home regularly to complete an audit of the service. These were used to review self-audits which were completed by the registered manager each month. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. Any actions from these reviews were collated for the registered manager and updated each month to report on progress in meeting them. The registered manager told us information from these audits was shared with trustees and senior managers to recognise trends and best practice. The registered manager attended regular forums and groups to meet with other mental health stakeholders in the area and share best practice issues.

Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the 2014 survey had been collated and no concerns had been raised about the support people received.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.