

Dalskats 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 4 February 2018.

Lynwood provides care and accommodation for up to three people with learning disabilities. On the days of our inspection there were three people living at the care home. In relation to Registering the Right Support we found this service was doing all the right things, ensuring choice and maximum control. Registering the Right Support (RRS) sets out CQC's policy registration, variations to registration and inspecting services supporting people with a learning disability and/or autism.

Lynwood is a 'care home'. People in care homes receive accommodation and nursing or 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.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run. At the last inspection on the 30 June 2016, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

We met and observed the care given to two people who lived at Lynwood during the inspection; one person was away during the inspection. People were not able to easily verbalise their views and staff used other methods of communication. For example play, Makaton (similar to sign language), visual choices and observation of facial expressions and bodily movements to communicate with people and support them to express their needs.

People remained safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff confirmed there were sufficient numbers of staff to meet people's needs and support them with activities and trips out.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies, systems and values in the service supported this practice. People's healthcare needs were met and their health was monitored by the staff team. People had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and held comprehensive details on how people liked their needs to be met, taking into account people's preferences and wishes. Information recorded included people's previous medical past, social history and people's cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. The staff, many who had worked at the service for some time, had built strong relationships with people. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People had complex communication needs and these were individually assessed and met. Speech and language advice had been sought to find the best way to communicate with people. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the complaints process was discussed with people at residents' meetings. This was available in an accessible format to help people raise concerns when they were not able to verbalise this. No concerns had been received. The senior staff we spoke with and the registered manager confirmed any complaints received would be fully investigated and responded to.

The service continued to be well led. People lived in a service where the registered manager's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was very approachable, well liked and respected and made themselves available. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement. Quality assurance feedback was acted upon to make continued improvements.

People lived in a service which had been designed and adapted to meet their needs. People had access to the registered manager's farm and enjoyed happy times with the animals. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the culture and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

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 ●

This service remains good.

Is the service effective?

Good ●

This service remains good.

Is the service caring?

Good ●

This service remains good.

Is the service responsive?

Good ●

This service remains good.

Is the service well-led?

Good ●

This service remains good.

Lynwood

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.

The inspection was undertaken by one inspector on 4 February 2018 and was unannounced.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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. At our last inspection of the service in June 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke with three staff about all three people who lived at the service. We met two of the people living at Lynwood. We spoke with the two staff on duty and one senior staff member. Following the inspection we spoke with the registered manager by telephone. The people living at the service had complex needs that limited their ability to communicate and tell us about their experience of being supported by the staff team. Therefore we observed how staff interacted and looked after people and we looked around the premises.

We looked at records relating to two individual's care and the running of the home. These included care and support plans and records relating to medication administration. We also looked at quality monitoring of the service, survey feedback and the provider's newsletter. We followed the office visit up by contacting six parents, 11 professionals and speaking with the registered manager by telephone to discuss the support people received at Lynwood.

Is the service safe?

Our findings

The service continued to provide safe care. People who lived at Lynwood were unable to express themselves easily but appeared to be very relaxed and comfortable with the staff that supported them. Relative's we spoke with confirmed they were confident with the care their family members received, "Yes my son is safe and I trust the provider, the environment is too small but otherwise I feel he is safe."

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. To help minimise the risk of abuse to people, staff all undertook training in how to recognise and report abuse. Staff said they would tell the registered manager and felt their concerns would always be taken seriously.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of this ongoing training.

People had sufficient staff to support them based upon the activity they were undertaking. Family confirmed, "High staff ratio". People who lived at Lynwood were supported individually on a one to one basis. There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's needs, supported them and spent time socialising with them.

People's risk of abuse was reduced as the company had robust recruitment processes in place. This included checks carried out to make sure new staff were safe to work with vulnerable people. Staff confirmed they were unable to start work until satisfactory checks and references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. There was clear guidance in place for staff managing these risks. People had risk assessments in place regarding their behaviour, which could be challenging for others or the staff. Where required, staff liaised with external professionals to understand people's behaviours and minimise potential risks.

People's accidents and incidents were recorded and referred to the learning disability team for advice and support when needed. A professional told us, "Following a rise in referrals to the team in 2016, IATT (the local learning disability team) responded with an environmental assessment and report called Creating a Capable Environment. This considered the environment and well-being of staff and those they support. This identified themes and improvements which Lynwood/ Palace Farm have been proactive in implementing. The assessment was well attended and staff were encouraged to be involved." Family shared that their experience of minor incidents being investigated was a positive one, "I was kept up to speed and informed of the findings"

People's finances were managed safely. People had appointees to manage their money where needed, including advocates.

People received their medicines safely from staff that had completed training. Systems were in place to audit medicines practices and records were kept to show when medicines had been administered. People had prescribed medicines on "as required" basis and there were instructions to show when these medicines should be offered to people. Records showed these medicines were not routinely given to people and only administered in accordance to instructions in place.

People lived in an environment which the provider had assessed to ensure it was safe and secure. Staff confirmed checks were undertaken on the fire system and they were aware of evacuation procedures. People were protected from the spread of infections. People confirmed in a survey the service was 100% clean. This reflected our observations. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons, good hand hygiene to protect people. There were also colour coded cleaning equipment.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs. A professional shared, "Another professional confirmed, "As a team we have not been required for support and again I believe this confirms that Lynwood deliver the accurate care required for their residents."

People were supported by staff that were trained to meet people's specific needs. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, for example Makaton training. Staff confirmed the Care Certificate covered Equality and Diversity and Human Rights training. Staff completed an induction which introduced them to the provider's ethos and policy and procedures. Staff received supervision (one to one meetings) and staff team meetings were held. A health professional told us the provider was proactive in arranging training following recommendations made, "Following on from the environmental assessment they're looked at training opportunities for staff and sourced out bespoke training." They also confirmed supervision processes were in place for staff. The PIR advised plans for the next 12 months, "We are going to book two days of training in Challenging Behaviour and breakaway techniques to refresh previous training given." A doctor shared, "well trained in their understanding of risks, concepts of mental health and behaviour."

People's file held communication guidelines. This showed how each person was able to communicate and how staff could effectively support individuals. People's "Hospital Passport", which could be taken to hospital in an emergency, detailed how each person communicated to assist hospital staff to understand people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

People were supported to eat a nutritious diet and were encouraged to drink enough. Staff told us people receiving good quality food was important to the provider. People were able to choose their meals on a daily basis. People identified at risk due to consistency of food had been referred to appropriate health care professionals for example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suitable food choices.

People were encouraged to remain healthy, for example people did activities to help maintain a healthier live for example keep fit, horse riding, swimming and cycling. People's health was monitored to help ensure they were seen by appropriate healthcare professionals to ensure their ongoing health and wellbeing. People's weight was monitored to support people to maintain a healthy weight. People's care records detailed that a variety of professionals were involved in their care, such as specialist nurses, occupational therapists and GPs. Professionals shared, "The staff are usually well prepared for health appointments with the team. They have taken on recording systems that IATT have recommended, and have had training in analysing. They will bring this to the appointments if appropriate. They will continue to review and develop support plans for the people they support."

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care, however staff explained how they would verbally ask people for their consent and choices prior to supporting them, for example before assisting them with their personal care tasks or activity.

People lived in a service which had been designed and adapted to meet their needs. Lynwood was very close to the provider's farm which people could easily access.

Is the service caring?

Our findings

The staff continued to provide a caring service. People had built strong relationships with the staff who worked with them. People appeared comfortable with the staff working with them and there was a relaxed and calm atmosphere in the service. Family shared with us, "[x] is very happy at Lynwood, we have no problems at all, staff all very friendly and caring. A doctor commented, "The staff always appear very friendly, caring, skilful"

People were supported by staff that were both kind and caring and we observed staff treated people with patience and compassion. We heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. Professionals shared, "I have known and work with a couple of people who live at Lynwood over the past few years. The staff are always warm and welcoming to our team's involvement and will actively seek out support when necessary. They show a caring and compassionate approach to those they support." Family told us, "I am absolutely delighted with the care [X] receives"; "Always involved in the annual review, see the care plans. When I see [X] he is always happy."

People's representatives were involved in decisions about their care. People had their needs reviewed regularly and staff from the service who knew people well attended these review meetings. Personal representatives, for example family members or advocates and health care professionals also attended. Professionals shared, "It appears they liaise and involve family members as much as possible."

Staff knew people well and understood people's nonverbal communication. Staff were able to explain each person communication needs. For example by the noises and expression they made to communicate whether they were happy, sad, frustrated or becoming anxious. Staff clearly understood people's nonverbal communication and explained to us how one person had a special evening routine to make the house safe at night so he rested well. Staff were mindful of people's different characters, for example those who liked to keep very busy and needed staff to help them have periods of calm and quiet in the day in between activities. We saw staff engaging with them to ensure this occurred.

People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned. Advocates chaired the residents' meetings and undertook the annual quality assurance survey.

People's independence was respected. For example, staff explained how they encouraged people to participate in household tasks such as room cleaning and laundry. This helped people feel valued. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated against in respect of their health needs.

People living at Lynwood were currently single but staff advised they would support people with relationships and needs related to their sexuality as they arose. People's care plans were descriptive, known and followed by staff.

Special occasions such as birthdays were celebrated with party food, cakes and gifts. We saw many pictures of people enjoying these events.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the same staff members. This consistency helped meet people's care, behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered. Staff told us improving communication amongst themselves had been a priority to ensure people received consistency and care in the same way across the staff team. This had improved outcomes for people and reduced the likelihood of particular incidents.

Is the service responsive?

Our findings

The service continued to be responsive.

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. For example, those who liked particular foods such as Mc Donald's, and the things which they didn't like such as the shower water facing them. Care plans were in easy read format where possible and pictorial. Staff monitored and responded to changes in people's needs, for example, an increase in one person's anxiety meant staff had sought advice quickly. Staff told us how they encouraged people to make choices. Staff said some people were shown visual items to help make choices for example the type of activity they wished to do or meal choices.

People's care plans were personalised to each individual, contained information to assist staff to provide care and support but also gave information on people's likes and dislikes. In addition to full care plans there were brief pen pictures of people, particularly about people's communication and behavioural needs. This could be used to make sure new staff had information on how to communicate with people and what was important to them. Staff had an in depth knowledge of each person and were able to tell us how they responded to people and supported them in different situations. An overview of people's individual daily routine, anxiety triggers and potential behaviour was also colour coded so if people were expressing "amber" behaviours all staff knew how to respond to reduce the likelihood of this escalating to "red". A relative shared, "Considering [X] had always lived at home until they moved to Lynwood, they settled in extremely quickly and we couldn't ask for more for him, they understand his anxieties and cope with them very well."

People received individual one to one personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, social stories, visual choices to assist people and staff had recently undertaken Makaton training. We observed this being practised with people.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. This service was proactive in identifying, meeting and sharing the information and communication needs of people who lived at Lynwood. This meant people received the maximum from living at the service.

A complaints procedure was available in an easy read, pictorial format. This explained the provider would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to people's nonverbal communication, they knew people well and worked closely with them and monitored any changes in behaviour. People had advocates appointed to ensure all people, had their voices heard. All relatives were confident any issues or formal complaints would be managed well. One relative told us, "The one time I had to complain it was dealt with promptly and well."

People took part in a wide range of activities. We heard how people enjoyed spending time on the registered manager's farm which had horses, sheep and ducks. People also enjoyed visiting places of interest locally such as the shops and local walks. Staff told us they were flexible and came prepared for anything and never know what the day might hold. People visited their friends in the provider's other services locally, went rock climbing and enjoyed the local nightlife. The PIR confirmed the variety of activities enjoyed, "People are encouraged to take an active part in their local community. Chudleigh is a small historical town which offers a variety of community facilities. Outings and activities are carefully planned in advance with people. Activities currently enjoyed include: horse and carriage riding at Palace Farm, College courses, football club, 'Music Mayhem', Retro Nightclub, cooking, swimming, and caring for farm animals, walking group and a variety of trips out. People enjoy being part of their local community and feel welcome when visiting local shops and community services." A relative commented, "Access to community etc is extremely good."

People's family and friends were encouraged to visit. During the inspection one person was away for the week end with their family and another enjoyed a visit from their parents. We saw in the newsletter people's holiday snaps with family which were very much enjoyed. Staff recognised the importance of people's relationships with their family/friends and promoted and supported these contacts. The PIR confirmed how the provider supported relationships with those that mattered, "People can use a cordless telephone, their own mobile phones or tablets to make calls in private. The home has Wi-Fi and people can email/Skype family members and friends."

Is the service well-led?

Our findings

The service remains well-led. Staff spoke very highly of the registered manager and provider of the service. Relatives were positive about the management team. A doctor told us, ". In my books, they score very well for "Caring", "Responsive", "Safe" and "Effective". I have no idea for "Well led" but this seems to be a pleasant place with an open culture."

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. An advocate explained their role within the service in supporting people to have their views heard, "At these meetings, residents have the opportunity to raise any issues relating to their lives at the houses supported by Home Orchard. I also carried out satisfaction surveys with each of the residents in 2017, and in this capacity I visited some residents in their homes for less than an hour".

Lynwood was established by the provider to be a home for life for people who required this. The ethos was to give people the best possible quality of life. The values of good, person centred care were embedded in all the staff we met. Supporting independence, dignity and individual rights were an integral part of the positive culture we observed. As a consequence of this, people looked happy, content and well cared for.

The registered manager was well respected by the staff team. They were open, transparent and person-centred. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager was committed to providing high quality care. People benefited from a registered manager who kept their practice up to date with regular training and worked with external agencies in an open and transparent way and there were positive relationships fostered.

The PIR submitted by the provider advised how they maintained and improved the service for people, "Home Orchard contracts a Care Consultant to work at the home 3 days per week. He has a great deal of experience in the industry and works with other services and gains knowledge of good practice. Management keep abreast of current news and practice by reading professional Magazines such as Care Management Matters, Community Care & Caring Times and read the latest bulletins. All staff are encouraged to network when attending training and meetings. We have regular input from professionals such as Occupational Therapy, Speech & Language and IATT. We receive regular email bulletins from CQC. We belong to an employer's forum where management discuss the latest employment issues. We attend forums organised by our local member of parliament to discuss health and social care issues. We are a member of 'ARC' Association for Real Change and a local Advocacy Charity." Health professionals informed us how they had worked in conjunction with the provider to promote positive change for people, staff and the environment. The many benefits of this were shared with us by one professional who gave examples, "Idea

for new training room (incorporating sensory room – in development); Additional rest space identified for staff - tea room and toilet in caravan by front gate; Old training room is now a staff room (for online training etc); Sensory room / space; Designing a specification with a specialist company and a relaxing space and exploring movement."

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about the leadership of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but most of all the people they supported. Senior management monitored the culture, quality and safety of the service by visiting to meet with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2014.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to help such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required. The quality assurance survey was evaluated to ensure any issues, however minor, were acted upon and monitoring was in place. This meant the service could learn and improve how they worked for everyone.