

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 ●

# Summary of findings

## 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 the service was providing support to eight people.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People told us they felt safe living at the service.

The provider ensured that new staff completed an induction training programme which prepared them for their role. Training was completed in essential matters to ensure staff and people at the service were safe. Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager to discuss their work and development.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive. Comments from people confirmed they were happy with the service and the support received.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 comprehensive inspection took place on 27 May 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

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.

On the day of the inspection we spoke with six people, three members of staff and the registered manager.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the daily communication records, incident reports, audits, supervision and training records.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us; "We get on well. We help each other. I feel safe living here."

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as providing support with food and being available to provide advice when requested.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the registered manager and that they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as financial management, personal care and physical well-being, taxi travel and accessing the community. Assessments were reviewed regularly and updated, when required.

People were receiving their medicines in line with their prescriptions. Staff had received training in medicine administration and were assessed regularly. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Stock checks of all medicines were undertaken. When we spot checked some medicines some of the balances were incorrect. This was addressed immediately by two members of staff.

The service is committed to promoting independence for people. Where appropriate and safe to do so they actively promoted self-administration of medicines. Risk assessments were in place to manage people's self-medication. People who self-medicated had their medicines audited on a weekly basis and were checked and signed-off by the person and a staff member.

In the event that people were involved in accidents or incidents, these events were reported and recorded by staff, and action was taken to reduce the risk of re-occurrence. For example, one person had fallen.

Bruising was recorded on a body map and observation was undertaken every 20 minutes. A medicines review was also booked with the person's consultant.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Environmental checks had been undertaken regularly to help ensure the premises were safe. These included, fire safety, water and building maintenance.

# Is the service effective?

## Our findings

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and found that it was. No one was subject to a DoLS authorisation. Everyone had the mental capacity to make their own decisions.

Staff had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff understood the importance of promoting choice and empowerment to people when supporting them. The service enabled people to make their own decisions and assist them to understand the decision making process. Consent had been agreed by the person regarding their level of care and the areas of consent were documented in their support plan.

People received effective support from staff who had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. A training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as positive behaviour support and dual diagnosis and mental health training.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. To enable people's independence people were responsible for their own weekly shopping budget and food preparation. They chose foods of their choice and their decisions were respected. People also had the choice to eat together and assisted with the food preparation. Staff would offer assistance, if requested. One person told us that they had recently become a vegan. They told us about the products they now bought. Another person told us that the staff were supporting them with their weight loss and they are cooking healthy foods. Where one person was experiencing difficulty swallowing their food, appropriate professional advice was sought from the speech and language therapy team. Their recommendations were followed regarding the consistency of food required for the person.

People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from the GP, community psychiatric nurse and psychiatrists.

## Is the service caring?

### Our findings

We received a number of positive comments from people about the staff. Comments included; "I feel safe living here. It's excellent and it's a family environment. The caring is extraordinary. I get on with all the staff"; "They make me feel at ease"; "It's good living here. The staff are very friendly and really very nice and supportive"; and "I get on really well with my keyworker. We watch DVD's together."

People were supported by a small committed experienced team. Enabling relationships had been established between staff and the people they supported. Support plans to enhance people's independence were promoted by the service and staff members. Each care plan held essential living plan needs which specified the support required by the individual. To ensure their needs were met people had access to their own key worker. This provided one-to-one time with the person to discuss their needs and formulate action plans. One person was currently being assisted with their impending move to new accommodation.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred to be supported and told us they encouraged people to be independent, as far as possible. Staff told us that they would offer hands on support when requested or required. Staff enabled people to undertake tasks themselves. People undertook their own room management and household chores.

Staff spoke about people in a meaningful way and took an active interest in what people were doing. Staff offered support to people with their plans. One person told us; "They talk to me about the support I need. I do my own cooking"

Staff respected people's privacy. People were able to have time alone and their personal space was respected. People were coming and going as they pleased. We observed that the staff office door was open if people wanted to see staff for a chat. People chose their own décor for their bedroom. People's art was displayed throughout the service. People told us how they helped in the garden and they grew their own herbs. The atmosphere in the house was friendly and relaxed. Some people were going to watch the FA Cup Final together and ordering a takeaway for the evening.



## Is the service responsive?

### Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer personalised care. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared happy living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties. At people's requests some family members attended care plan meetings. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, daily living skills, managing finances, activities, safety and risks. Staff responded to any issues identified by the person by amending plans of care. Where one person recognised that they required assistance with their financial management the service held an agreed daily budget for them. Staff assisted the person with developing their budgeting skills. However, if the person requested money outside of their agreed daily budget staff did not withhold the money but provided encouragement on their budgeting skills.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles agreed with their keyworker and stated what was important to the person and how best to support them. People undertook activities personal to them. Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Activities included paid work, going to the gym, educational courses, art therapy and attending a walking group.

The provider had systems in place to receive and monitor any complaints that were made. The service has received one complaint this year to date. A concern had been raised about appropriate communication with a staff member by one person. This issue was addressed through the forum of a house meeting. People told us they would speak to staff if they were unhappy.

## Is the service well-led?

### Our findings

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.'

Staff described the registered manager as supportive. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as assisting with people's goals to become more independent and move out of the service. One person commented in a recent survey; "When starting at Wyvern in 2014 I felt drastically unwell and now through these past years I feel ready to be independent."

People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. Regular house meetings were held to seek people's views on the service and their thoughts on issues such as activities and voting. People had registered to vote for the upcoming general election. People were also involved in the staff interview process and sat on the panel. Feedback from a recent survey confirmed that people felt they were involved in review meetings; they were treated with dignity and respect and they felt safe. People told us they were happy living at the service.

To ensure continuous improvement the locality manager conducted regular compliance reports reviewing the five domains inspected by the Commission. The observations identified compliant practice and areas where improvements were required. One recommendation included the need to keep more detail notes on team meetings and capturing items arising from meetings. Good news stories were also identified which highlighted staff input into enriching people's lives. One relative reported to the service that they were thrilled with the level of support their relative received. Staff had assisted to improve their personal hygiene and supported the person's singing and art interests. They felt encouraged that their relative was in a safe place and there was always a member of staff available to offer support and assistance.