

Dharshivi Limited

Lynwood

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Lynwood is a care home providing accommodation and support with personal care for adults with learning disabilities. The service is registered to provide support to a maximum of eight people. Eight people were using the service at the time of our inspection.

The service had a registered manager at the time of our inspection. 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 14 and 18 July 2016 we found six breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We issued two warning notices following the inspection.

This was because people were not safe at the service. There were poor arrangements for managing medicines and infection control. People were at risk of harm when moving around the service. Systems in place were not always effective to maintain the safety of the premises and equipment. People did not always have access to activities of their choice. Staff did not always receive up to date training, supervision and induction. Robust procedures were not in place to monitor the safety and quality of the service provided.

We inspected Lynwood on 7 June 2017. This was an unannounced inspection. At this inspection we found the service had made the required improvements.

People told us they felt safe using the service. Staff knew how to report safeguarding concerns. Risk assessments were completed and management plans put in place to enable people to receive safe care and support. There were effective and up to date systems in place to maintain the safety of the premises and equipment. We found there were enough staff working at the service and recruitment checks were in place to ensure new staff were suitable to work at the service. Medicines were administered and managed safely.

Staff received supervision and appraisals and training in line with the provider's policies and procedures. Staff had a clear understanding of application of the Mental Capacity Act 2005. Appropriate applications for Deprivation of Liberty Safeguards authorisations had been made. People using the service had access to healthcare professionals as required to meet their needs.

Personalised support plans were in place for people using the service. Staff knew people they were supporting including their preferences to ensure personalised support was delivered. People using the service told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People were offered a choice of nutritious food and drink. People using the service knew how to make a complaint.

Regular meetings took place for staff and people using the service. The provider sought the views of people and their relatives. The provider had quality assurance systems in place to identify areas of improvement. People and staff told us the registered manager and provider were supportive and approachable.

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. People told us they felt safe. There were robust safeguarding and whistleblowing procedures in place. Staff understood what abuse was and knew how to report it. Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People had risk assessments in place to ensure risks were minimised and managed.

The registered manager carried out regular equipment and building checks.

There were appropriate arrangements in place for the safe administration of medicines. We have made a recommendation about the management of medicines.

Is the service effective?

Good ●

The service was effective. Staff received up to date training and appropriate support through supervision and appraisal meetings.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 to practice.

People's care and support needs were assessed and reflected in support records. People were supported to maintain good health and to access health care services and professionals when they needed them. People had access to enough food and drink.

Is the service caring?

Good ●

The service was caring. People told us the service was caring and staff treated them with respect and dignity. Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making decisions about the care and support provided at the service.

The service enabled people to maintain links with their culture

and religious practices.

Is the service responsive?

Good ●

The service was responsive. People's care and support needs were assessed and individual choices and preferences were discussed with people who used the service. Peoples support plans were regularly reviewed.

People were able to take part in a programme of activities in accordance with their needs and preferences.

People were encouraged and supported to provide feedback about the service. There was a complaints process and people using the service knew how to complain.

Is the service well-led?

Good ●

The service was well led and had a registered manager. People using the service and staff told us they found the registered manager to be approachable.

Records were accurate and kept up to date. Effective systems were in place to monitor the quality of the service.

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 was planned to check 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 was carried out by one inspector. Before the inspection we looked at information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with three people who used the service. We spoke with four members of staff. This included the registered manager and three support workers. Following the inspection we spoke with one social care professional who works with people who use the service for their feedback.

We examined various documents. This included four support records relating to people who used the service, eight medicine administration records, four staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

At our last inspection of the service in July 2016 we found concerns relating to the management of medicines. The service did not have suitable arrangements in place for the safe administration and recording of medicines. Risk assessments did not highlight risks associated with some medicines. Staff competency to administer medicines was not reviewed. Medicines were not always given as prescribed by the prescriber.

The service did not have PRN protocols available to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they need them. Medicines taken as needed or as required are known as 'PRN' medicines. Non-prescription and over the counter medicines (homely remedies) were not stored, recorded or managed appropriately. At this inspection we found these concerns had been fully addressed and medicines were administered and managed safely.

We looked at eight medicine administration records (MAR) charts. There were no gaps in administration and all records were up to date. PRN protocols were in place and staff were able to explain the process for administration for these medicines. Administration of homely remedies was recorded and a policy and protocol for administration had been implemented since the last inspection. However, we noted that the recording of homely remedies did not include the reason for administration or the effectiveness of the medicine. We spoke with the registered manager about this. They said they would update the guidance for recording homely remedies to include this.

We recommend the service seeks and follows best practice guidance in the management of medicines in care homes.

Medicines were locked away and stored securely in each person's bedroom. We saw appropriate arrangements were in place for obtaining medicines. Records showed medicines were prescribed and ordered in a timely manner to enable people to have their medicines when they needed them. The systems in place for ordering of medicines were appropriate and utilised local pharmacy provision. Medicines received from the pharmacy for each person were recorded in their MAR charts.

At our last inspection we were concerned about the cleanliness and infection control practices at the service and that the service did not carry out infection control audits. At this inspection we found these concerns had been addressed.

The service had an Infection control policy. This included cleanliness of the service and food hygiene. Infection control audits were carried out monthly. Disposable hand towels and hand sanitisers were available and staff wore personal protective clothing when preparing food or cleaning. Staff told us, "Infection control is much better now" and "There is a proper cleaning schedule and a cleaner and we all keep things clean." Staff were able to explain the procedures for minimising the spread of infections within the service. The service was visibly clean and free from odour. This meant the service had processes in place to minimise the risk of the spread of infection.

At the last inspection in July 2016 we found the service did not always identify and take appropriate action to minimise the risk of harm to people from substances which may be hazardous to health. At this inspection we found these concerns had been addressed. All such substances were kept in locked cupboards and appropriately stored. Staff were able to explain the procedures for using and storing substances which may be hazardous to health. This meant people using the service were not a risk of harm.

At the last inspection we found the room used by staff when on sleep-in night duty was in a poor decorative state and there were no bathing facilities available for staff to use following sleep-in duties. At this inspection we found the room had been redecorated. The provider had explored options for installing a shower room but this had not been possible in the space available. Staff were consulted about the facilities and given the option to opt out of sleep-in shifts if they preferred. Staff told us, "It's a pity we don't have room for a shower but the owner did try and we have the option to sleep in or not." Another staff member said, "When we do a sleep-in we can finish in the morning so that we can go home because of the shower situation."

At the last inspection we found the recruitment of staff was not always safe because we found that a member of staff, who had been working at the service for a number of years, did not have recent criminal record checks. The service had a recruitment and selection policy and at this inspection we looked at staff files for staff who had been recruited since our last inspection and saw there was a robust process in place for recruiting staff that included relevant checks carried out before someone was employed by the service. These included criminal record checks, written references and proof of identity to confirm newly recruited staff were suitable to work with people. Records also showed that staff's visa status where relevant had been monitored to ensure they were eligible to work. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

People told us they felt safe living at Lynwood. The service had a safeguarding policy and procedure in place to guide practice. We saw records of safeguarding training carried out for staff and it was renewed every two years. Staff had a good understanding of safeguarding adults and gave examples of the different types of abuse. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff knew how and where to raise concerns about unsafe practice at the service.

At the last inspection people using the service and staff did not feel enough staff were available. At this inspection people using the service told us and we saw there were enough staff available to provide personal care and support when people needed it. Staff said they had seen an improvement in staffing levels and two new staff members had been employed. We looked at staffing rotas and noted that staff were available to cover additional activities or appointments for people using the service, staff sickness, annual leave and training. We saw records of changes made to the rota in these situations.

Risk assessments were carried out for people using the service. Risk assessments were reviewed every six months or sooner in response to any incidents that had occurred. Staff were knowledgeable about people's individual risk management plans and knew the actions needed to minimise the risk. Each person's risk assessment identified the risk and detailed actions needed to minimise and manage risk for the person. These assessments included risks associated with specific medical conditions, mobility and falls, financial management, accessing the community, road safety, behaviour that challenges the service and nutrition. For example we looked at risk assessments for one person relating to risk of choking. We saw guidance was in place about how staff should support the person during meal times.

Relevant fire safety checks had been carried out at the service and we saw records of this. Daily checks were carried out each evening to ensure appliances were switched off, escape routes were clear and fire doors closed. Fire safety equipment checks such as fire alarms and emergency lighting were carried out weekly and the fire panel checked monthly. All bedrooms had fire doors. Some people using the service liked their bedroom doors left open during the day and door guards linked to the fire panel were used to keep them open. This meant the doors would automatically close in the event of a fire. We looked at fire safety evacuation plans and risk assessments for people at Lynwood which were up to date and reviewed every six months. All records were up to date.

Accidents & incidents were managed by the service. We saw records of incidents that had taken place involving people who use the service and noted actions taken. One person had fallen during the night and the service carried reviewed their risk assessment, purchased a bed appropriate for their needs and had rearranged their bedroom to reduce the risk of falls. Serious incidents were reported in a timely manner to the local authority safeguarding team and Care Quality Commission as appropriate. Staff knew the procedure for reporting accidents and incidents.

Is the service effective?

Our findings

At our last inspection of the service in July 2016 we found staff were not always supported to receive training and support through regular supervision to enable them to fulfil the requirements of their role and induction processes for new staff were not followed. At this inspection we found improvements. Staff received regular formal supervision and appraisal. These meetings were an opportunity to raise any concerns about the service and individual areas of development and training. Staff told us they were receiving monthly supervisions and found them useful. Annual appraisals were being completed for staff working at the service to identify any training, learning and development needs and any other support needed.

Training records were up to date and showed staff had completed essential training in line with the providers training policy. Training included learning disability awareness, person centred planning, first aid training, understanding dementia, dignity and respect, and food and nutrition. Staff were supported to undertake further courses in health and social care. Processes were in place to identify when staff should attend refresher courses. Staff told us, "The training is so much better, we've done equality and diversity and consent. Good training."

We saw staff induction was completed in line with the provider's policy and that their competency was assessed during the induction period. Records showed staff had an induction which included shadowing shifts (working alongside an experienced colleague) over a two week period. Induction checklists were completed and signed off during the probationary period of employment and were monitored through regular supervision. Staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within 12 weeks of starting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff were knowledgeable about the MCA, how to obtain consent before giving care and about completing mental capacity assessments for people using the service. Records showed staff had attended MCA training and were aware of the MCA and able to explain its application to practice. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection one person using the service had DoLS authorisation in place.

People using the service told us staff obtained consent before carrying out care. We observed staff asking people before they carried out care or support. People using the service signed consent to care or support

where able to do so and we saw records of this in their support records. Staff were able to explain how they sought consent. One staff member said, "We ask if we can help, explaining what we would like to do to support them and wait for the answer before we do anything."

People were supported to access healthcare services and received support to maintain their health. Staff told us and records confirmed people were supported to attend GP and other medical appointments. People told us they were able to see a doctor if they needed to. One person said, "I had to go to the hospital and I was scared but [registered manager] stayed with me all the time." Records showed visits to the service from health care professionals such as speech and language therapists. One social care professional we spoke with told us the service liaised well with them and carried out any recommendations made in a timely manner. People's support records contained information relating to various appointment letters following up from referrals. Each person had a health passport detailing how they would like to be communicated with, medical conditions, past medical history and consultations with health care professionals. Each person also had a health action plan in an easy read format containing details of medical conditions, mobility, communication needs and medicines.

People were taking part in a healthy living initiative in the borough which included activities to improve health and fitness such as exercise classes. One person told us, "I use the exercise bike to keep healthy and we go to [slimming group] every week. I'm good, most of the time."

People told us they enjoyed the meals at the service. People living at Lynwood had access to nutritious food and drinks. The fridge and cupboards were well stocked. Fresh fruit, vegetables, and healthy snacks were available for people to help themselves. Procedures were in place for the storage and preparation of food. People using the service were fully involved in planning and preparation of meals and had a specific day when they did the cooking supported by staff.

One person told us, "It's my turn to cook today, fish and potato wedges." They went on to tell us about the types of meals they cooked and said they enjoyed it. A weekly menu was available for people to choose their meals. There were two choices at meal times and various options at breakfast. We saw staff supporting people to prepare drinks and snacks. People were offered hot and cold drinks throughout the day. We observed lunchtime during our inspection and observed people were offered various choices and given time to decide their preference. People who needed support at mealtimes were supported patiently by staff who engaged with them throughout the meal.

Support plans contained information about the nutritional and hydration needs of people using the service. One person told us, "I've lost more weight and I've brought new clothes today." The service had a nutrition and hydration protocol. We saw food and fluid intake was recorded daily and there were monthly weight charts for people using the service.

People's dietary needs were met and meals were planned to ensure cultural or religious preferences were considered. Staff were able to tell us about people's specific dietary needs and food allergies. Support plans and risk assessments for people who required a soft or pureed diet were in place with guidance for staff displayed in the kitchen and in people's support plans regarding how to prepare their meals.

Is the service caring?

Our findings

People told us the service was caring. One person said, "They (staff) take care of me. I'm planning a holiday and they are making sure I can do it and are going to come to look after me." We observed staff speaking with people patiently and respectfully. Support was given with kindness and compassion. Staff showed a caring attitude in their language, voice, tone and body language with people using the service and with each other.

There were laughter and positive exchanges between staff and people using the service. People using the service had a close and trusting relationship with support staff who demonstrated understanding of their communication and ability to meet their complex needs. We observed skilled use of understanding and playful interventions when a person using the service was being supported to speak with the inspection team about their evening plans to attend a disco.

Staff told us how they promoted dignity, respect, privacy and choice. We observed staff knocking on bedroom doors and asking for permission to enter. We saw staff discretely supporting a person who required support with personal care without making it obvious to other people using the service. Staff told us how they ensured people had choices. They said, "You always have to give choice. It's in the support plan what we need to do but we still offer choices. They can change their mind." Staff members knew people using the service well and were able to tell us about the personal preferences of people using the service.

Staff described how they developed relationships with people which included speaking with the person and their family to gather information about their life history, likes and dislikes. One member of staff told us, "I love my job and I try my best to be caring. We get to know their family and what makes them happy or upset."

Staff provided information and explanations when supporting people with daily living activities. We observed a staff member explaining to one person that they needed to walk around the home to "strengthen their legs and muscles." Observations showed staff supporting people to remain independent and people were encouraged to participate in activities outside the service. People were supported to take part in their cultural or spiritual practices. Staff knew about people's cultural backgrounds and told us how they supported them. We saw records of people's attendance at church services and celebrations of religious festivals.

People's support files showed plans were in place for end of life care and included people's wishes for preferred place of care and specific funeral plans.

People's individual need for maintaining meaningful relationships was included in their pre-admission assessment and in support plans. At our last inspection of the service in July 2016 we recommended the service seek and follow best practice guidance on supporting people who identify as lesbian, gay, bi-sexual or transgender (LGBT) in care homes. At this inspection we found the service had updated their equality and diversity policy and staff had attended training in February 2017. The service had information in easy read

formats which staff used to have individual conversations with people using the service about sexuality. We saw records of this in support files.

Is the service responsive?

Our findings

At our last inspection of the service in July 2016 we found people did not always have access to activities during the weekend. At this inspection people living at the service told us they were able to take part in activities of their choice outside the service every day of the week. One person said, "I go to college and to club." When asked if they went out at the weekend they said, "Yes, if I feel like it. We go on holidays too."

We looked at each person's activity plan and saw that activities for each day including the weekend were arranged and extra staff were available depending on the number of people who wanted to do an activity outside the service. Staff told us, "There are more activities and more outdoor activities too." Another staff member said, "It's changed a lot, [Person using the service] didn't used to get out much but now everyone can go out, there's more staff to make it happen. Some people even just go for a walk in the afternoon" A third staff member said, "Residents are engaged every day now, it's so much better."

People living in the service were offered a range of social activities. Most people living in Lynwood attended various activities. People were able to make their own choices regarding what activities they wanted to do. Support plans showed that most people attended a range of activities, including college courses, a community day centre, weekly disco, keep fit classes, pampering sessions, massage, shopping and slimming group meetings. People told us they enjoyed their activities outside the service. One person told us about their college course and hobbies and how much they enjoyed them.

Before people came to live at the service an initial assessment was carried out and each person had a support plan. People who used the service and their relatives were involved in decisions about their care and received the support they needed. Support plans were personalised and contained comprehensive assessments of people needs, which looked at all aspects of the person and were reviewed every six months, or sooner if people's needs changed. We looked at four support plans for people using the service which were up to date and enabled staff to have a good understanding of each person's needs and how they wanted to receive their care and support. One person's support plan contained information that at night they preferred staff to ask them about the height they wanted their bed and to have the light left on in their en-suite bathroom. This meant their support was personalised.

Each person had a member of staff who acted as their keyworker and worked closely with them and their families as well as other professionals involved in their care and support. A keyworker is a staff member who is responsible for overseeing the care and support a person receives. Staff were knowledgeable about people's individual care and support needs and had a good understanding of personal histories and preferences. One staff member explained about one person who became anxious if notice was given about family visits was given too far in advance as they missed their family. They explained how they supported the person by telling them about the visit the day before and planning what the person would wear and what they would do on the morning of the visit. Staff told us they used the support plans and risk assessments to ensure appropriate support was given to meet people's needs. Any changes to people's needs or preferences were documented and updated by staff or the registered manager. The support plans we looked at had been reviewed monthly by the registered manager and were signed by the person using the

service where able.

Each person living at the service had a daily diary. This was used as a handover process for staff at the beginning of their shift and contained details of activities, meals eaten, mood, support given and any changes to their support needs. We observed staff recording and reading through the daily diary of each person and the staff communication book used by the service during and before they started the shift. We looked at these records for four people which were clear and up to date.

People told us they enjoyed being able to be independent. One person using the service had a role outside the services as a volunteer. One person said, "I like living here. I help with shopping sometimes." People were encouraged to be as independent as possible and were supported to look after themselves and their rooms. With support most people were able to manage their own personal care, keep their bedrooms tidy do their laundry. The bedrooms had been recently decorated. Three people showed us their rooms which had been refurbished and were personalised. One person said, "I chose the colour and put out all my things." Another person told us they were pleased with their room and how it looked. They said they had, "Chosen everything." This meant the service gave people choice and encouraged individuality.

The service had a complaints policy and an easy read complaints guide for people using the service. People using the service told us they would complain to the manager or a member of staff if they needed to. Staff knew how to deal with complaints but said they had not received any. We looked at records of complaints. No complaints had been received by the service since the last inspection in July 2016.

Is the service well-led?

Our findings

At our last inspection of the service in July 2016 we found quality assurance systems were not always robust. The service did not always identify shortcomings in the management of medicines, criminal records checks, infection control practices, safety and maintenance of the premises. The service had not identified the issues we found with staff training and did not follow its on procedures to ensure staff were supported in their role. We issued two warning notices because we were concerned people using the service were not protected from the risk of harm or unsafe care and supported staff were not receiving appropriate support, training and professional development to carry out the duties they were employed to perform. We asked the registered manager to take action to meet these requirements within a specified timescale. At this inspection we found these issued had been addressed.

We looked at the action plan the service had submitted following the last inspection and found improvements had been made to the areas identified. We looked at the issues they had identified and actions put in place. All the actions had been carried out in a timely manner. Quality assurance systems were in place to monitor infection control, medicines management, safety of the premises, staff training and development, staff recruitment, support planning and risk assessment reviews. Records showed portable appliances, gas safety, and electrical checks were carried out annually. Monthly maintenance audits of the service, daily building safety checks and twice daily bedroom checks were carried out. We looked at these audits which were up to date with clear actions and outcomes.

The registered manager and provider had reviewed some policies and procedures to guide staff practice however we noted that some policies such as infection control had not been reviewed since 2009. We spoke with the manager about this. They told us they recognised that some practices may be outdated and would develop a system to review policies.

At the last inspection staff had mixed views about the leadership of the service. At this inspection staff were positive about the leadership. One staff member said, "The home is managed better now." Another staff member said, "It's more professional now, we've got more staff and we are all more involved in the running of the home." The registered manager told us about changes that had been made since the last inspection and new initiatives they had put in place to ensure staff were included in the running of the service. They had developed a monthly report which was submitted to the provider with input from staff, encouraged attendance at health forums and ensured staff had time to attend meetings with the provider and sourced different types of training such as distance learning to meet staff members' individual learning styles.

People living at Lynwood were encouraged to give their views about the service. House meetings were held and we saw records of these meetings. Discussions included decorating of the service, safety, new keyworker list, holidays, activities and CQC inspection report. The service sought the views of people's relatives by sending out feedback letters. We looked at records of positive responses where relatives expressed their satisfaction with the service.

People told us they found the registered manager approachable. One person said, "She's nice [registered

manager] I like when she's here." Staff said they enjoyed working at Lynwood. They said, "It's a really good place to work." Staff described the registered manager and provider as, "Approachable," and "Very easy to talk to." One staff member said, "The owner visits regularly and you can just have a chat about anything." Another staff member said, "We work well together, we can talk to each other and say anything to the manager. She always listens."

Staff were positive about the culture of the home. One staff member said, "We are more open about how we work. Everyone works really well together where before some (staff) didn't like it if you corrected them now we all improve together." Another staff member said, "Before, some people didn't like to share tasks but we spoke about it with the manager and it's changed."

Staff team meeting records showed discussions included service improvement, record keeping, conduct, professional boundaries, staffing, progress reports and goals for people using the service. Staff told us they found these meetings useful. One staff member said, "I feel that we have more meetings now which means we feel more supported." Another staff member said, "Yes the meetings are good, keeps me up to date."

Throughout the inspection we requested records and information from the registered manager and staff, which was provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.