

Dharshivi Limited

Lynwood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Lynwood is a care home providing support and personal care for adults with learning disabilities. The service is a large residential property arranged over two floors. All eight bedrooms are single occupancy. There were eight people living at 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 7 May 2015 we found four breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The service was not always safe. Medicines were not always managed safely. Robust procedures were not in place to monitor and ensure fit and proper persons were employed at the service. Staff did not always receive regular supervision or appraisals. People did not always have access to activities during the weekend.

We inspected Lynwood on 14 and 18 July 2016. This was an unannounced inspection. At this inspection we found six breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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. This meant people's personal preferences were not always met. Staff did not always receive up to date training, supervision and induction.

The systems in place to monitor the safety and quality of the service provided were not always robust. Staff had mixed views about the leadership of the service.

People told us they felt safe using the service and staff knew how to report safeguarding concerns. People knew how to make a complaint.

People told us the service was caring. Staff knew the people they were supporting, respected people's privacy and encouraged independence. People using the service had access to healthcare professionals as required to meet their needs. The service enabled people to maintain links with their cultural and religious practices.

People's needs were assessed and care and support was planned and delivered in line with their individual

care and support needs. People were provided with a choice of food and drinks ensuring their nutritional needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. Medicines were not always administered safely. People were at risk of harm when moving around the service.

People and staff felt there were sometimes not enough staff available to meet the needs of people using the service.

People did not always have risk assessments in place to ensure risks were minimised and managed.

People told us they felt safe. There were robust safeguarding and whistleblowing procedures in place and knew how to report it. Staff were recruited appropriately.

The provider did not always carry out equipment and building checks.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff did not receive training, supervision and induction to support them in their role.

The provider ensured staff received appraisal.

The manager and staff demonstrated an understanding of the Mental Capacity Act (2005) to help ensure people's rights were protected.

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

People had access to nutritious food and drinks.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Care and support was centred on people's individual needs and

wishes. Staff knew about people's interests and preferences. However we did not see how people who may identify as lesbian, gay, bi-sexual or transgender would be supported by the service. We have made a recommendation regarding best practice.

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 cultural and religious practices.

Is the service responsive?

The service was not always responsive. People's preferences to access activities at the weekend were not always met.

People's plans had been updated regularly and when there were any changes in their care and/or support needs.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or their relative.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service.

There was a complaints process. Relatives of people using the service said they knew how to complain if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not well led. Effective systems were not in place to monitor the quality of the service.

Staff had mixed views about the leadership of the service.

People using the service told us they found the registered manager to be approachable.

Requires Improvement ●

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.

On both days of the inspection, the inspection team consisted of one inspector. Before the inspection we looked at the concerns raised and 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 four people who used the service. We spoke with six members of staff. This included the provider, registered manager and four support workers.

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 May 2015 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. The service had an action plan but had not fully completed this following our last inspection. At this inspection we found the service had not fully addressed these concerns. Medicines were not always given as prescribed by the prescriber.

Medicines taken as needed or as required are known as 'PRN' medicines. 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. We saw risk assessments relating to medicines for each person. However, we noted the risk assessments were generic and did not highlight risks associated with some medicines. For example a medicine taken by one person required them to avoid certain foods. We did not see this on their risk assessment.

Non-prescription and over the counter medicines (homely remedies) were not stored or managed appropriately. We saw medicines for pain relief and colds were not stored securely but left on a shelf in the kitchen and were accessible to people using the service. The service did not have records for monitoring the quantity of these medicines. We asked the registered manager to immediately remove these medicines and store them securely. Records were not always up to date for assessments carried out after administration of homely remedies to monitor the effectiveness. The registered manager told us one person had paracetamol for headaches and this was always recorded on the MAR chart. We looked at the MAR chart for this person and noted although this was recorded there was no assessment or recording of the effect of this medicine. The same was also seen in the MAR for another person using the service.

Records and the provider's medicines policy showed that all staff who administered medicines should receive training annually. However, the provider had not followed their own procedures. The most recent training received by staff was in July 2014. There were no records confirming their competencies had been reviewed in the interim. Medicines audits had not been carried out at the service since March 2016. The service was therefore not monitoring the administration and management of medicines.

Peoples medicines were locked away and stored securely in their rooms. We saw appropriate arrangements were in place for obtaining medicines. 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 medicine administration records (MAR) charts. We saw records that medicines were prescribed and ordered in a timely manner to enable people to have their medicines when they needed them.

The service had an Infection control policy. This included cleanliness of the service and food hygiene. We saw staff wearing personal protective clothing when cleaning or preparing food. Staff told us, "We wear gloves and wash our hands and make sure service users wash their hands before their meals and before doing any cooking." Another staff member said, "If someone is feeling unwell we don't allow them to cook in case they pass it on to others." A third member of staff told us, "We are careful when changing pads and

make sure we wear gloves and wash our hands."

However some staff told us they were concerned about the cleanliness and infection control at the service. One member of staff said, "We wear gloves and aprons when doing room cleaning and we have food safety certificates because we do the training. We wash our hands a lot and we do clean the kitchen but I think this place needs a really good clean and we need to make sure the staff areas are cleaner." Another staff member told us they felt the service "Could be a bit cleaner and we don't have hand [sanitising] gel. I think we should use it." A third staff member told us, I feel it's not clean enough here. I've noticed staff don't wear gloves for food prep."

On the first day of the inspection we noted there were no disposable hand towels in the laundry room which was also used as a staff toilet. There was no toilet roll holder or dustbin. We spoke with the registered manager about this. They told us there was a hand towel available for staff to use. We were concerned this did not minimise the risk of infection within the service. Infection control audits were not carried out at the service. This meant the service did not have processes in place to minimise the risk of the spread of infection.

The service did not follow correct procedures for the safe administration and management of medicines and did not follow procedures to minimise the risk of infection. The above findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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. On the first day of our inspection we found bottles of bleach and household cleaning solutions in the laundry room. We also found two bottles of weed killer which were easily accessible to people using the service. Staff told us people living at the service did not use cleaning solutions such as bleach or drain cleaners because of the risk to them. They said these solutions were only used by staff. We spoke with the registered manager about this. The items were removed from the area and locked away. However, on the second day of the inspection we found oven cleaner, drain cleaners, toilet cleaner and bleach stored under the kitchen sink. Again, we brought this to the attention of the registered manager and these were also removed. We were concerned the service did not identify the risks associated with inappropriate storage of substances which may be hazardous to health.

Some areas of the service were in a poor decorative state. Staff told us they found the room in the loft used by staff when on sleep-in night duty "Uncomfortable," because it was "Not in a good state" and the "Bed not clean or comfortable." We noted the room was in need of redecorating and did not look clean. The wash basin in the en suite toilet was not securely fixed to the wall and the toilet seat was broken and in need of repair. We brought these repairs to the attention of the registered manager. There were no bathing facilities available for staff. The laundry room on the first floor also used as a staff toilet provided limited facilities for staff to maintain their personal hygiene. These findings were a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At the last inspection in May 2015 we found the recruitment of staff was not always safe because we found that some staff, who had been working at the service for a number of years did not have recent criminal record checks. The service had an action plan but had not fully completed this following our last inspection. At this inspection we found that criminal record checks for one staff member was still not completed. The registered manager told us this had been recently highlighted by the host local authority and the service was addressing this. The provider was not operating robust procedures to monitor and ensure fit and proper persons were employed at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a Recruitment and Selection Policy. Staff records showed they had been subject to appropriate and necessary checks prior to being employed by the service. We saw copies of proof of identity, their application form, which included their employment history, were kept on file.

An arson attack had taken place at the service in November 2015. Following this, relevant fire safety checks had been carried out at the service and we saw records of this. Fire safety equipment such as fire alarms and emergency lighting were carried out weekly and the fire panel checked monthly. All bedrooms had fire doors however, these were wedged open using door wedges which were not linked to the fire panel. This meant the doors would not automatically close in the event of a fire. We spoke with the registered manager about this. They said they would contact their fire safety consultant and ensure this was done. We looked at fire safety evacuation plans and risk assessments for people at Lynwood. We noted two people did not have evacuation plans. We spoke with the registered manager about this. Following the inspection we received confirmation that these had been completed.

People using the service told us at times they needed more staff. When asked if there were enough staff one person said, "Sometimes they are busy." Staff felt there were not always enough staff at the service. When asked about staffing levels one staff member said, "There's not always enough staff. There's not always three on a shift." Another staff member said, "We need to be more careful especially around safety when two of us are supporting someone we need more staff around for other people with high needs." A third member of staff said they thought the lack of staffing was because, "The owner does the rota, not the registered manager and doesn't see day to day but we need more staff." They told us this did not ensure adequate cover during shifts. A fourth member of staff said they had concerns about the number of staff on each shift because some people using the service had high support needs. Staff said they had raised their concerns with the registered manager and there had been some improvement in staffing levels but this was not consistent.

Risk assessments were carried out for people using the service. Risk assessments 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. Risk assessments were reviewed every six months or sooner in response to any incidents that had occurred. Staff we spoke with were knowledgeable about people's individual risk management plans and knew the actions needed to minimise the risk. For example we looked at risk assessments for one person relating to behaviour which stated, "I can be bossy with my peer group and this can cause them to be upset or distressed." We saw guidance was in place about how staff should work with the person to de-escalate situations that might lead to behaviours that challenged others.

When asked if they felt safe people using the service said, "Yes." The service had a safeguarding policy and procedure in place to guide practice. Safeguarding training for staff was carried out and renewed every two years. We looked at records of this and spoke with staff who told us they had completed safeguarding training. Staff were due to renew their training in June 2016 but due to staff sickness which impacted on staffing the training had been postponed and booked for September 2016. 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. One staff member said, "If I suspected abuse I would tell the management and if they didn't act quickly I would tell the safeguarding team [local authority] or CQC. I would have to report it" Another member of staff said, "I wouldn't hesitate to whistle blow. I would be very confident because it's

about keeping people safe." At the time of our inspection there was an on-going safeguarding investigation by the host local authority.

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. Serious incidents were reported to the local authority safeguarding team as appropriate, however we noted this was not always done in a timely manner. Staff we spoke with knew the procedure for reporting accidents and incidents.

Is the service effective?

Our findings

At our last inspection of the service in May 2015 we found staff did not always receive regular formal supervision and appraisal. At this inspection we found the provider was not carrying out supervision in line with their own policy and procedure which stated staff should receive formal supervision at least six times per year. Staff told us they were receiving supervision. Records showed these occurred at varying intervals. For example, staff had recently had supervision in July 2016 but had not had one for between five and six months prior to this. One staff member said, "I get supervision and it's useful because sometimes we find the role heavy going and we can talk about any issues. It's confidential now and it's changed. I'm really happy about that." Another staff member told us, "At supervision we discuss every client. We also talk about improvements also training and my performance." A third member of staff said, "I have supervision meetings every four to six weeks but if I have an issue in between supervisions I just tell [registered manager]. I've even called the owner."

Records showed many staff had not completed essential training and that some renewal of training was out of date. For example of the 11 staff working at the service nine had not completed learning disability awareness and those that had attended, had not renewed their training since September 2015. Epilepsy awareness had been completed by three staff in 2012 and had not been renewed and food and nutrition training was completed in 2015 by four staff. Person centred planning had been completed by three staff in 2015. First aid training was due for renewal in May 2016 and managing aggression was due for renewal in June 2016. We did not see records confirming these training courses. Following the inspection the registered manager submitted information confirming training courses scheduled to take place in September 2016. However these courses were not included. This meant, staff were not always supported to receive training and support through regular supervision to enable them to fulfil the requirements of their role.

New staff were given an induction which included shadowing shifts (working alongside an experienced colleague) over a two week period. One member of staff told us, "I did an induction and shadowed a member of staff for three days." They told us they found the induction useful. Another member of staff said their induction, "Lasted a week and made sure they got to know everyone and what support people needed." The provider's induction policy stated staff should have their induction checklist completed and signed off during the four month probationary period of employment and that staff should be monitored through regular supervision. Staff files did not show that this was taking place. From October 2015 it was a requirement that new 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. We saw that staff induction was not completed in line with the provider's policy and that their competency was not assessed during the induction period.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff should receive regular appraisal of their performance in their role to identify any training, learning and development needs and any other support that is needed. Staff told us and records confirmed annual

appraisals were being completed for staff working at the service.

People using the service told us staff obtained consent before carrying out care. One person told us, "They (staff) ask if I want them to help me." Staff were knowledgeable about how to obtain consent. They told us they would ask permission and explain what they were about to do before carrying out care. Staff told us, "I get permission from them before I start personal care. Anything I'm doing for them I make sure I communicate and get their consent before I start." Another staff member said, "Consent begins by asking if they are ready for you to carry out support for them. You tell them each thing you are going to do and ask if it's alright to do it." We observed staff asking people before they carried out care or support. However we noted peoples support records did not show they had signed consent to care or support where able to do so.

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).

The registered manager was 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 further training was scheduled for September 2016. Staff were aware of the MCA and were 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 no one using the service had DoLS authorisation in place.

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 with a choice of fruit, vegetables, and healthy snacks. Procedures were in place for the storage and preparation of food.

Meals were planned and prepared with people using the service and agreed at residents meetings. People had a specific day when they did the cooking. One person told us, "I already planned what I am cooking, they [people using the service] like my dinners." Another person said, "I have set days for the kitchen. I enjoy it and other people have their turn too." A third person said, "I choose what I want to cook." People using the service showed us the recipe folder. They said they were able to discuss or try new recipes. We saw staff supporting people to prepare the evening meal which was reflected on the menu for the day. We saw a weekly menu available for people to choose their meals. There were two choices at meal times and various items at breakfast.

Support plans contained information about the nutritional and hydration needs of 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 peoples specific dietary needs and food allergies. Support plans showed that two people required a soft or pureed diet. We saw guidance for staff displayed in the kitchen and in peoples support plans regarding how to prepare their meals. We observed lunchtime and dinner time during our inspection. People chose sandwiches for lunch and had a pasta dish for dinner. People using the service enjoyed the meals which looked appetising and well presented.

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 went to the healthy eating day and we got lots of things about food." Some people using the service took part in a healthy eating plan with a local slimming group. We saw meals planned in a way that meant they were able to eat the foods recommended. People told us about their achievements at the slimming group and we heard staff discussing the eating plan with people and encouraging them with their meal choices. One person said, "I put on a bit of weight last week so this time I'm being good. I have to go back to group this week." We observed people going to the kitchen to make drinks. People were offered hot and cold drinks throughout the day.

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. Staff explained, "We monitor peoples weights monthly and we monitor how much they eat and drink every day and make a note of it. This helps to maintain their health"

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 medical appointments. People told us they were able to see a doctor if they needed to. One person said, "I have to go to the hospital soon. I need to have a special appointment. My [relative] will go with me." Another person said, "Staff take me to the doctor when I don't feel well." Records showed visits to the service from health care professionals such as speech and language therapists. Peoples' support records contained information relating to various appointment letters following up from referrals.

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. We observed staff reading through the daily diary of each person and the staff communication book used by the service before they started the shift. Staff told us, "I read the individual file and the diary and speak with the staff from the shift before. I speak with all the people living here and ask them about their day." Another staff member said, "At the end of my shift I make sure I give the next shift lots of detail as well as what I write in the notes I make sure I give the information to the staff verbally too." We looked at these records which were clear and up to date.

Is the service caring?

Our findings

People told us the service was caring. When asked if they thought the staff were caring, one person said, "They are very nice to me." Another person said, "I miss my family but I talk to them on the phone and they live a bit far away. But I like living here. [Staff member] is my favourite." Staff we spoke with told us they felt it was a caring service. One staff member said, "Some people need reassurance and I do that. I gauge their mood and talk to them." Another member of staff said, "I enjoy supporting them (people using the service). We care about them. Try to make them happy." A third staff member said, "We meet their needs properly at the right time when they need us." We saw recent feedback letters from relatives which expressing their satisfaction with the staff approach at Lynwood.

Staff told us how they promoted dignity, respect, privacy and choice. We observed staff knocking on bedroom doors and asking for permission to enter. One staff member told us, "We all knock before we enter their rooms." Another staff member said, "I make sure other people don't see or hear if someone needs or are having personal care."

The service respected people's privacy. One staff member said, "I close the doors and the curtains and give them privacy when they need to use the bathroom I stand just outside so they have privacy." Staff told us how they ensured people had choices. They said, "Some people don't like water on their faces. So we give them a flannel that's not very wet and let them wash their faces." Another staff member said, "They choose what they want to wear, what they want to do. It's up to them. We give them their own choice. We give them preference." A third staff member said, "It may seem small to us but it matters that you understand and we give reassurance when carrying out personal care that they might find distressing like hair washing."

We observed staff interacting with people in a kind, respectful and personalised way. There was laughter and positive exchanges between staff and people using the service. One staff member sat with a person who was keen to tell them in detail about an event they had attended. They listened patiently and asked questions showing genuine interest. 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, "Best thing about working here is the people we support. You really get to know them by talking to them." Another member of staff said, "You just have to understand the person and what they need."

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 sit back in their chair and make sure they were in the correct position before standing to prevent them from losing their balance.

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. "I respect people's culture and their religion. Whether they practice at the moment or not it's something we need to discuss when we do key working because that can change as people get older or things happen in their

lives." Another staff member said, "If someone wants to go to church we respect that and we make sure they can attend."

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. However, the opportunity to seek information about people who identified as lesbian, gay, bi-sexual or transgender (LGBT) was not clear in support files or in pre-admission assessment. Support plans did however, contain information regarding whether or not people had been in committed heterosexual relationships. Analysis of training records showed staff nine staff had not received training in equality and diversity and two staff had completed their most recent training in 2012.

We recommend the service seeks and follows best practice guidance on supporting people who identify as LGBT in care homes.

Is the service responsive?

Our findings

At the last inspection in May 2015 we found people did not always have access to activities during the weekend. The service had an action plan but had not fully completed this following our last inspection.

At this inspection people living at the service told us they were sometimes unable to take part in activities of their choice outside the service because there were less staff available to accompany them. One person said, "I would like to go out and do more things but sometimes I can't because I need staff support and there's not enough of them at weekend so I can't go. There's a time limit when we go out. I've changed my day for going out now not weekend anymore."

Staff told us they were unable to support people in their activities outside the service because, "Sometimes there's not enough staff then people can't go out. We have to only do activities in the home instead." This meant people's personal preferences were not always met. These findings were a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Although people and staff had concerns about activities we saw that people living in the service were offered a range of social activities. Most people living in Lynwood attended various activities on most week days. 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, keep fit, pedicures, shopping and slimming group meetings. People we spoke with told us they enjoyed their activities outside the service. One person told us about a health promotion event they had attended and that it was, "Really good." Another person shared their forthcoming holiday plans with us. People took part in activities and hobbies including knitting. Some people using the service were visited by a therapist weekly for massages.

Initial assessments were carried out when people came to live at the service and each person had a support plan. People who used the service were involved in decisions about their care and received the support they needed. Records showed relatives were also involved in their support planning. We saw that support plans contained comprehensive assessments of people's needs, which looked at all aspects of the person. Support plans were reviewed every six months, or sooner if people's needs changed. The support plans reviewed 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. For example, one person's support plan contained information that they preferred to be supported by a female member of staff for personal care needs. It contained information that the temperament of their supporter should be "Patient and a good listener."

Staff were knowledgeable about people's individual care and support needs and had a good understanding of personal histories and preferences. Staff were able to explain how they used the support plans and risk assessments to ensure appropriate support was given to meet people's needs. Staff told us they read support plans and updated them as necessary to ensure they were kept up to date. 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 manager and were signed by the person using the service.

People told us they enjoyed being able to be independent. One person said, "I like living here. Staff help me Hoover and make my bed and keep my room tidy." 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 clean their rooms and manage their own personal care and laundry. People living at Lynwood decorated their rooms with their personal items. This meant the service gave people choice and encouraged individuality.

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 told us, "Each person has two keyworkers. People can choose their keyworker and they change us whenever they want." Staff said they got to know people at the service and had, "Been a keyworker for all of them at one time or another."

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 May 2015.

Is the service well-led?

Our findings

At our last inspection of the service in May 2015 we found quality assurance systems were not always robust. The service did not always identify shortcomings in the management of medicines, criminal records checks and support provided to staff. The provider had submitted an action plan following our last inspection however, we found further improvements were required.

At this inspection we found the service was not always well led. We found quality monitoring systems were not efficient. The service had not identified the issues we had identified during our inspection such as poor medicines management, infection control practices and storage of substances which may be hazardous to health and maintenance and safety of the premises. This meant people were not protected against the risk of harm or inappropriate or unsafe care and support by regular monitoring of the quality of the service provided. We looked at records of monthly audits carried out. The service did not have up to date medicines audits and did not carry out infection control audits. The service did not identify shortcomings in staff training and did not follow its own procedures to ensure staff were supported in their role.

Records showed portable appliances, gas safety, and electrical checks were carried out annually. The registered manager told us daily building safety checks were carried out. However, they were unable to show us records of these checks. We looked at records of monthly maintenance audits of the service. The service used an external contractor for required repairs which were logged. However, we did not see records of completion dates for these repairs.

The above findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People living at Lynwood were encouraged to give their views about the service. House meetings were held and we saw records of these meetings. The service sought the views of people's relatives by sending out feedback letters. We looked at records of the responses where relatives expressed their satisfaction with the service. One relative wrote, "I'm always made welcome when I come to see [relative]." Another relative wrote, "I am pleased to say since [relative] was placed with you at Lynwood [relative] hasn't looked back."

People told us they found the registered manager approachable. One person said, "Very, very nice. I like her." Another person said, "She's lovely. My favourite." Staff said they enjoyed working at Lynwood. They said, "Everyone is friendly. It's a nice place to work." Staff described the registered manager as, "Really nice and supportive," and "Understanding." One staff member said, "It's a nice place to work because the manager and owner look after us." Another staff member said, "The manager and owner are always on call and we can phone for advice or anything we need to let them know about, like if someone's ill or there's been an incident or we just need to discuss something."

However, staff had mixed views about the leadership of the service. Staff described the leadership as "Hands on." Some staff saw this as positive and said, "The manager helps out and gets involved." Other staff felt the service could be managed better because the manager was sometimes, "Too involved" and "Sometimes

[manager] is not always appreciative of us. A lot is put on us as staff." One staff member said, "It's not well managed. People are cared for but our paperwork, not good, could be better, no checks done, it needs to be improved and managed differently."

Staff told us and records showed staff team meetings had taken place. Discussions included staffing and progress reports and goals for people using the service.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure people who used the service receive person centred care that reflects their personal preference. 9 (1)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not follow policies and procedures for managing medicines. 12 (1)(2)(f)(g) The provider did not assess the risk of and prevent, detect and control the spread of infection 12 (2)(h)
Regulated activity	Regulation
Personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure the premises and equipment were clean and suitable for the purpose for which they are being used. 15 (1)(a)(c)(e)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements. 17(1)

the provider did not assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. 17(2)(a)
The provider did not assess monitor and mitigate the risks relating to health, safety and welfare of service users. 17(2)(b)

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not regularly review the fitness of employees.</p> <p>Regulation 19(5)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure persons employed by the service receive appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties they are employed to perform. 18 (1)(2)(a)</p>