

# Hestia Housing and Support Lynton Terrace

## 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

Lynton Terrace provides residential and personal care for up to 10 adults with mental health needs. There were 10 people living at the service at the time of our inspection.

At the last inspection on 17 November 2015, the service was rated Good. At this inspection we found the service remained Good.

Lynton Terrace is part of Hestia, a large charitable organisation that provides support for a range of people, such as older people, young people, people with disabilities and mental health needs.

There was a registered manager in post at the service 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.

There were systems and processes in place to protect people from the risk of harm. Checks were carried out during the recruitment process to ensure only suitable staff were employed. There were enough staff on duty to meet people's needs.

There were arrangements in place for the safe management of people's medicines and daily checks were undertaken.

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

People were supported by staff who were suitably trained, supervised and appraised. People's nutritional needs were met, and they were involved in devising their menus.

Staff were caring and treated people with dignity and respect. Care plans addressed each person's individual needs, including what was important to them, and how they wanted to be supported.

People were fully involved in undertaking activities of their choice, both in the home and the community. People were cared for in a way that took account of their diversity, values and human rights.

People living at the home, their relatives, staff and other stakeholders told us that the registered manager was approachable and supportive. People and their relatives were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and ensure that areas of

improvement were identified and addressed. The registered manager kept themselves informed of developments within the social care sector and cascaded important information to the rest of the team.

## 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 safe.

There were arrangements in place for the safe management of people's medicines and daily checks were undertaken.

Staff were aware of the risks to people's safety and supported them to manage these risks.

Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

There were enough staff available to provide timely support and ensure people's safety.

### Is the service effective?

Good ●

The service remains effective.

Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were supported to make choices about the food they wished to eat and staff respected these choices.

Staff supported people to access healthcare services and liaised closely with healthcare professionals.

### Is the service caring?

Good ●

The service remains caring.

Feedback from people and their relatives was positive about both the staff and the registered manager.

People and their relatives said the staff were kind and caring. Staff were aware of people's preferences and interests and

involved them in decisions about their care and support.

People's diversity, values and human rights were maintained.  
People were supported with their individual needs.

### **Is the service responsive?**

**Good** ●

The service remains responsive.

People's individual needs were met when their care and support was being assessed, planned and delivered.

A range of activities were arranged that met people's interests both at the service and in the community.

Complaints were investigated and responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service remains well led.

The service regularly conducted satisfaction questionnaires of people and their relatives. These provided vital information about the quality of the service provided.

People and their relatives found the registered manager to be approachable and supportive.

There were regular meetings for staff and people who used the service, to ensure that everyone was involved in the running of the home.

There were systems in place to assess and monitor the quality of the service.

# Lynton Terrace

## **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 19 September 2017 and was unannounced. The inspection was carried out by one inspector, a mental health specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During our visit, we spent some time observing staff delivering care and support to people, to help us understand people's experiences of using the service. We also looked at records, including four care plans, four staff records and records relating to the management of the service. We spoke with five people who used the service, two relatives by telephone, four staff including a senior support worker and the registered manager. We also spoke with two healthcare professionals who were visiting on the day of our inspection.

# Is the service safe?

## Our findings

People we spoke with indicated they felt safe living at Lynton Terrace. Their comments included, "It's a good service here. I feel very much safe", "I was found in extreme conditions. Since I am here, I feel safe", "The staff seem to know what they are doing", "I've been here a long time. This is my home now" and "I like it here. I don't want to move. Ever. There is a lot of love here."

Staff received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure and a whistleblowing policy in place and staff had access to these and were aware of their contents. This help to ensure that people were protected from the risk of abuse.

The registered manager had raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They had also notified the CQC, as required, of allegations of abuse and serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional, and records we viewed, confirmed this.

People were supported with their finances and each person had a personal financial record which showed every transaction and balance. This was signed by a member of staff and the person who used the service. Some of the people who used the service had been assessed to be at risk of financial exploitation, and we saw that risk assessments and care plans were in place. These were signed by people to indicate they understood and agreed to their plan.

There were arrangements in place for the management of people's medicines and all medicines were stored securely in a locked cupboard. Staff supported people with either supervising or administering their prescribed medicines. Senior staff were trained in the administration of medicines and received yearly updates. Medicines policies and procedures were in place and senior staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines.

We checked the medicines administration records (MAR) charts for all the people who lived at the service which had been completed over a month. We saw that all but one MAR chart, were completed and signed appropriately. For one person, we saw that medicines had not been signed as administered on two days. We raised this with the registered manager who told us this person often chose not to take their medicines. We saw that this was recorded in their care plan and there was a risk assessment in place. However, staff had not recorded the reason for the omission on the MAR chart. The registered manager told us they would address this with staff. The registered manager carried out weekly medicines audits and we saw that errors were rare. However, where they occurred, appropriate action was taken with individual members of staff, such as checking their competencies and providing additional training.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the

point of initial assessment or during a review. Risks identified included personal safety, self-neglect, smoking and financial exploitation. Risk assessments were regularly reviewed and updated, and action was taken when necessary. For example, where a person's mental health needs had increased, we saw they were referred to the relevant healthcare professionals and appropriate action was taken to meet the person's needs.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. Emergency contact numbers were accessible. Senior staff were available to help and support the staff and people using the service and in case of an emergency.

Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately and care plans were updated following any incident or accident. This included where a person using the service had hit another. We saw that this had been reported to the local authority's safeguarding team and had been investigated appropriately. An action plan was in place and this was regularly reviewed by the registered manager and service manager.

The provider had a health and safety policy in place, and this was made accessible to staff and people living at the service. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and workplace safety. We saw evidence that all areas were regularly checked and any requirements were actioned appropriately. We saw that all cleaning products were stored safely on the day of our inspection.

We saw that food stored in the fridge was labelled with the date of opening, use by date and that fridge temperatures were monitored daily. This help to protect people from the risk of eating food unsafe for consumption.

The provider had taken steps to protect people in the event of a fire, and we saw that a general fire risk assessment was in place and this was reviewed yearly. We saw evidence that checks of all fire safety equipment were carried out regularly. These included the fire alarm system and fire extinguishers. The staff carried out regular fire drills and fire alarm tests and staff were aware of the fire procedure. People's records contained personal emergency evacuation plans (PEEPS). They included appropriate action to be taken in the event of a fire according to people's abilities and needs.

People and relatives told us they were happy with the staffing levels. The staffing records we viewed confirmed there were always sufficient staff on duty at any one time to provide care and support to people. The registered manager told us they were recruiting for two staff members but had regular bank staff to fill staff vacancies and ensure a full staff team was always on duty. We observed a bank member of staff working on the day of our inspection and saw they were familiar with the service and were knowledgeable about people's individual needs.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check were completed.

## Is the service effective?

### Our findings

People were supported by staff who had appropriate skills and experience. All staff were subject to an induction process that included training and working alongside more experienced staff members. Subjects covered during the induction included safeguarding adults, health and safety, first aid, medicines administration, food hygiene and infection control. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act 2005 (MCA), mental health, breakaway techniques and substance misuse. All staff employed at the service had achieved a recognised qualification in Health and Social Care, and had achieved or were undertaking the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

People were cared for by staff who were suitably supervised and appraised. The staff we spoke with told us that they received regular supervision and records we viewed confirmed this. They told us that this had provided an opportunity for them to address any issues and to feedback on good practice and areas requiring improvement. A yearly appraisal process was also in place to provide an opportunity for staff and their manager to reflect on their performance and to identify any training needs or career aspirations.

Staff told us they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence on the day of our inspection and in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves indicating their consent to the care being provided.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. Staff demonstrated a good knowledge of the principles of the MCA and DoLS. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

People told us they enjoyed the food at the service. Their comments included, "The food is sublime", "I am involved in cooking and I love it. I can bake", "The food? Yummy!", "I like cooking. I choose the menu every week" and "The food is ok. We residents choose the food once a month and we can help in the kitchen." A staff member told us they had arranged to do some baking and we saw this taking place on the day of our inspection. Another staff member said, "We are happy for people to help us in the kitchen. We share stories."

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. Staff told us they assisted people with shopping and cooking their meals according to their preferences. We saw evidence that staff met with people weekly to plan menus. In addition, the registered manager told us that one person who used the service consulted other people to find out what they liked to eat, and compiled menus which staff helped them to type.

The home had links with a charity that works to reduce food waste, and collected food from the local residents to contribute towards food for the homeless, and at times, received left over food which was incorporated into menu planning. The menu displayed showed multi-cultural dishes reflecting the diversity of the people using the service.

People told us they had the support they needed to stay healthy. One person told us they had not been well recently and the staff had arranged for them to see the doctor. Another person said, "I easily have access to my GP. I recently had the flu jab" and a third person added, "I am diabetic. They check my blood two times a day." The support plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, mental health, dental condition, medicines, dietary requirements, lifestyle and general information. Records of healthcare appointments included the outcome of the appointment, any action needed and the next appointment date. These included routine appointments and specialist appointments.

## Is the service caring?

### Our findings

People and relatives were complimentary about the care and support they received. Their comments included, "My keyworker is good. She takes care of me", "It is a few years that my [family member] is here. He is very ok. Staff have always been fine" and "Generally is good. The staff do what they can." A healthcare professional described the staff as 'very loving'.

The staff spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. Staff received 'dignity in care' training and we saw that people were treated with care and respect and according to their individual needs. Every staff member we spoke with demonstrated a sound knowledge of people's individual needs and wishes and we saw that the culture of the service was based on providing care that met each person's unique needs.

The culture in the home was based on mutual respect and inclusion. The staff and people living at the service demonstrated this throughout the day. A staff member recounted an incident where one person had become distressed, and staff were providing reassurance to calm the situation. They told us that other people using the service moved to another room to give the person some space and privacy.

We observed throughout our visit that people were treated with kindness and reassurance, and staff took time to talk to people. Staff told us they ensured that people's privacy and dignity were respected. We observed this to be the case on the day of our inspection. The registered manager sought consent from people before showing their bedrooms to the inspector, and knocked on the doors to obtain permission to enter. Staff promoted people's sense of dignity and self-esteem by encouraging them to do what they enjoyed doing. This included a person who enjoyed meal preparation and shopping.

People told us they liked their bedrooms and we saw that these were personalised and included personal objects of their choice. People were encouraged to maintain their own rooms and staff supported them to do this. Relatives told us they were encouraged to visit anytime and always felt welcome.

People were given contact details of local advocacy services and this information was also displayed in the home so people could have easy access to this. This meant that people could have their views and wishes considered when decisions were made about their lives.

## Is the service responsive?

### Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. The registered manager told us that people were referred from the local authority and they had obtained relevant information from them. This included background information for most people which helped staff understand each person and their individual needs. Two healthcare professionals thought that the staff team provided a service that met people's individual needs.

People told us they were involved in making decisions and in the care planning process. Their comments included, "I am involved in my care plan", "I speak to my keyworker with no problem. She listens to me" and "I discuss about my care plan. I can put my input into it." The care plans we viewed were comprehensive and contained detailed information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. Care plans included people's assessed needs, interventions and outcomes. We saw that records were signed by people, which indicated they had understood and agreed what had been recorded.

People told us they enjoyed a wide range of activities and these were discussed and voted for during in-house meetings. Their comments included, "There are board games. We have computer access. We have cards", "Sometimes I use the gym. It has good equipment", "We have lots of activities here. Sometimes they take us to the cinema", "We have days out here where we go all together. We have recently been to Portsmouth. It was nice", "We play board games here. Sometimes we have karaoke" and "We have our Christmas party here and on Christmas day they take us to the restaurant we choose."

Staff encouraged and supported people to undertake activities of interest to them. There were a range of activity materials available at the service and people had access to them whenever they wanted. We saw that each person had an activity plan which had been agreed during their individual meetings with their keyworker.

At our last inspection, some people had expressed the wish to have access to the internet. At this inspection, we saw that the provider had taken action and there was a dedicated room with computers and internet access for people to use anytime they wished.

People and their relatives told us they were confident that if they had a concern, the staff and management would address it. One person said, "I know there is a complaint procedure but I have never made one." A relative told us that they felt able to raise any concern and thought their concerns would be taken seriously by the provider. They described the staff as 'kind, caring, listening and very nice' and added that staff could do the job 'very well' and they 'could not fault them'.

The service had a complaints procedure in place and this was available to staff and people who used the service. A record was kept of all the complaints received. Each record included the date, nature of the

complaint, action taken and outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. This included a complaint from a person who used the service about a member of staff. We saw that the registered manager had responded to the complainant in a timely manner, had carried out an investigation and had taken appropriate action.

## Is the service well-led?

### Our findings

The registered manager had been in post for five years and was supported by an established senior team in running the service. Staff we spoke with told us they enjoyed working at the service and felt they were supported by their manager. One staff member told us the registered manager was 'brilliant and hands on'.

People and their relatives were complimentary about the registered manager and told us they were approachable. One person said, "I feel free here. I can reach the manager whenever I want" and another person told us, "We have house meetings every two to three weeks and we can raise any concern about the running of the place."

The registered manager had put in place a number of audits to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care records. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents so that the registered manager could use these in audits and identify any trends. We viewed a range of audits which indicated they were thorough and regular. This meant that the registered manager had a range of tools to help identify and address any areas of concern promptly.

The provider encouraged people to be involved in how the service was run and took steps to promote their independence. Some of the people using the service were involved in the recruitment of staff and were part of the interview panel. They also had the opportunity to take part in internal inspections of the service and other services which were part of the company. They carried out these inspections with a senior member of staff several times a year. Each inspection was followed by a meeting where the findings were discussed and an action plan was agreed.

People told us they were fully involved in the development of the service and their opinion was listened to by management. For example, they had been involved in fund raising by taking part in sponsored walks and dressing up, and one person took part in a sponsored silence. The money raised enabled the service to purchase gym equipment which was regularly used by people. One person told us, "We were involved in raising the money. It was a nice experience" and another said, "Fundraising was great."

A group of people who used the service were involved in producing a newsletter at the time of our inspection. The registered manager told us they had worked on this for some time and were being supported by staff to complete the work and use the computer.

People were supported to feedback about the service through informal individual meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We saw that the results showed an overall high level of satisfaction. Relatives were also consulted and the results showed that they were satisfied with the service. Some comments from people who used the service included, "The staff are good, approachable and they

listen" and "Lynton Terrace is a very good home."

Staff told us they had regular team meetings and records confirmed this. The items discussed included feedback from people's reviews and keyworker meetings, safeguarding, housekeeping, health and safety, quality monitoring, policies and procedures, training needs and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Meetings also included important information about social care provision and the Care Quality Commission.

The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service.

The registered manager told us they received support from senior management and attended 'Action learning' meetings organised by the provider. These meetings were for all the managers to get together and discuss any challenges they might have. They also attended provider forums organised by the local authority to keep themselves abreast of development within the social care sector. The registered manager told us, "The residents give me support. I get my strength from them."