



Inspection Report on

Lynvor

Lynvor
Bangor Road
Benllech
Anglesey
LL74 8PY

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

25 October 2021

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About Lynvor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Prestwood Residential Homes Ltd and CareTech Community Services Limited.
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	14 November 2019
Does this service provide the Welsh Language active offer?	Yes

Summary

People can usually do things they want to do, although sometimes, due to staff shortages, this can be affected. In general, people's daily routines are followed. People have been supported to see their families within national guidance, due to the Covid 19 pandemic. People's care is not always provided in a consistent way. This is because care plans and risk assessments are not always updated and reviewed in a timely way.

There is poor oversight of the service. There is no registered manager in post. This is having an impact on the support people get, as the staff are not getting the support they need to provide consistent care to people. Quality assurance of the service needs to improve. The Responsible Individual (RI) must ensure that regulatory processes are adhered to and that the processes used help to drive and demonstrate good oversight in line with regulations.

Well-being

People often receive support to do things when they want. People's care plans showed what their preferences are and daily notes show these are usually respected. We saw people express when they want to do things and care staff usually support them when required. However, there are times when shortages of staff mean that people cannot do what they want to do; for example one person was having a holiday, but had to come back a day early due to unavailability of staff to support them with transport on the planned departure day.

People are supported with their physical and mental wellbeing. They have been supported to receive vaccinations and supported to see various health and social care professionals. During the Covid 19 pandemic, people have had to change their activities as services were closed. People have been supported to do alternative activities to help maintain their physical and mental wellbeing, for example bike rides and beach walks, and games in the home. They are being supported to take up activities that had been put on hold, such as work and volunteer opportunities. One person has been supported to have a UK based holiday. Due to the pandemic, people were not able to see family as usual due to the implementation of national visiting guidelines. They were supported to use alternative methods such as FaceTime and phone calls. The service are working within current guidelines and, when possible, facilitate visits. On the day of the inspection, one person was being supported to visit their family and have a takeaway meal with them.

The service has systems in place to protect people from abuse and neglect. Staff have had safeguarding training and have access to a detailed safeguarding policy to support them in their role. Staff told us they would report any concerns if they arise. When concerns have been raised, the service has been open and transparent and taken measures to protect people.

People live in an environment that is in need of some improvement. We noted that some bedrooms were in need of attention; one room had an odour, despite having a new carpet. We saw some areas of paint peeling off the wall, within people's bedrooms and in the dining room. The provider has advised us they are developing a maintenance plan to address the issues.

Care and Support

People cannot be confident that staff have access to an accurate and up-to-date plan for how their care is to be provided in order to meet their needs. People have personal care plans, some of which are in good detail. However we noted for one person, newly identified care needs lacked a care plan and risk assessment. This is important as these documents would ensure the person has consistent support. Care plans are to be reviewed every three months and this is not always happening. We also found that the person had been supported to develop but new goals had not been identified, which would help them maximise their potential. We found staff have different practices around certain daily routines. Lack of consistency from staff is poor practice and must be addressed. In another person's care documentation, we saw care plans and risks assessment had not been done for key elements of their care. This needs to be addressed so care staff can ensure they provide consistent support. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People receive support from staff who generally know most of their needs. Interactions between people and some care staff are warm, and respectful. Family members we spoke with feel communication from the service should improve. A family member was complimentary about some staff, but had reservations and concerns about others. A pre-assessment was carried out for one person who had moved into the service; however there was no evidence that visits took place prior to them moving in or that an assessment of compatibility with the other residents was undertaken. When a new person moves into a home it is important to assess the potential impact on the others using the service.

People are supported to keep healthy and safe. People are supported to seek healthcare support when required. The service has contact with social workers and community nurses for reviews. People are supported to access activities of interest to them, although this has been impacted by the Covid 19 pandemic and, on occasion, shortage of staff. The service has safeguarding systems in place, which staff have been trained in, although some staff are due a refresher course. Safeguarding systems are followed and the service works with external agencies to protect people within the service.

Environment

The environment requires improvement. People have their own bedrooms, which are generally decorated in keeping with people's wishes, preferences and their care and support needs in mind. We saw some areas of the home were in need of redecoration as they looked tired and were showing significant signs of wear and tear. We have been told a plan of redecoration and refurbishment is being developed. While no immediate action is required, this is an area for improvement. We expect the service provider to continue to take action to implement these improvements and we will follow them up at the next inspection.

There is oversight of the facilities to check health and safety is maintained. We saw an audit was carried out in September 2021 by a senior carer, which showed the premises are safe for the people who live there. The audit showed that infection prevention control measures are followed by the service. An environmental assessment by the area manager shows that they are aware of works that need undertaking, including improving staff facilities, which staff also mentioned to us. The provider told us these issues would be addressed.

Leadership and Management

Arrangements for the day-to-day management of the home are not sufficiently robust. There is no registered manager in post, and the cover arrangements are not adequate. We were told one of the senior care staff was stepping up into the role of manager, but we noted that, due to staff shortages, they did not have supernumerary hours to carry out the role. They are being supported by the area manager, but they have other responsibilities so they are unable to carry out the day to day tasks of management and oversee the care and staff. Although members of staff said they feel supported by both the area manager and the senior carer the oversight of care practices is not sufficient. There are two handover systems in place, this does not help with consistency of care and approaches. People cannot be reassured that the management arrangements ensure the home is well run and staff are appropriately supported. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are systems in place to monitor the quality of the service, but the systems are inadequate. Although interim arrangements have been made for management oversight of the service and support to the staff, overall this had not been effective in ensuring good quality care is achieved. The organisation operates a tiered quality assurance system, with monitoring of the quality of care undertaken by the area manager, the responsible individual (RI) and the organisation's quality team. The RI is required to review the quality of care that the service provides every six months and produce a report. We saw that there is a report dated 21 January 2021, but the next six monthly report due has not been done. Staff told us the RI does not visit, and the documentation provided lacked detail to evidence if and when Regulation 73 visits had been carried out as required, every three months. While no immediate action is required, this is an area for improvement. There was no evidence that people and their families' views had been sought. Attention to quality assurance mechanisms and outcomes is required to demonstrate a commitment to continuous improvement to benefit people using the service. The RI told us they would address this and spend more time at the service to improve management oversight of the service.

People cannot be confident that staff have sufficient knowledge and skills. All staff have received training in some mandatory areas, although some people would benefit from refresher courses. Training is required for Emergency First Aid, for most staff. Another training need is Introduction to Autism, most staff need training on this, either as a new course or as a refresher. Staff told us most training has been done by e-learning, due to Covid 19 restrictions, but some face to face training has been arranged. We were told that there is a shortage of staff, even though the service is trying to recruit new staff. Hours are usually covered by the staff team working extra shifts and the use of agency workers. Some staff told us that the morale within staff in the home is low, and this is causing some staff to leave. Some staff told us they do not feel valued by the organisation. Whilst staff do have some supervision sessions, these are not as regular as the regulations require.

Areas for improvement and action at, or since, the previous inspection. Achieved

None

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

You have failed in your duty to appoint a manager. A manager who is suitably qualified and competent must be appointed.

Regulation 67(1)

The service do not have sufficient personal plans in place that set out how individuals will be supported to achieve their personal outcomes and steps to be taken to mitigate identified risks. The provider must make sure there are sufficient personal plans in place to guide staff to providing consistent care and support on a day to day basis.

Regulation 15(1)

We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required

The Responsible Individual (RI) has not visited the service in person to monitor the performance of the service. The RI must visit at least every three months and provide evidence that visits are logged and documented.

Regulation 73(1)

The provider must ensure the premises are suitably furnished and equipped.

Regulation 44(5)(c)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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