Progress Care and Education Limited

Lynbrook

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

Lynbrook is a 'care home' providing personal care to people with a learning disability. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The property is an adapted dormer bungalow and each person has a their own bedroom. The home is registered for 4 people and there were three people living at the home when we inspected.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Risks to people were assessed and centred on the needs and rights of each individual and were designed to promote people's independence.

There were enough skilled and experienced staff on duty to meet people's needs. Recruitment systems were robust, so helped the employer make safer recruitment decisions when employing new staff. New staff had received a comprehensive induction into how the home operated and their job role. This was followed by regular training updates, supervision and specialist training to meet the needs of the people using the service.

People's needs had been assessed before they moved to the home and we found they, and if required, their relatives had been involved in planning care. Care files reflected people's care and support needs, choices and preferences and these were accurate and up to date.

There was a strong person centred and caring culture in the home. Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual. The vision of the service was shared by the management team and staff.

People felt safe living in this home and staff supported them to stay safe in the local community. We saw that people who lived in the home were comfortable with the staff who worked there, with a supportive

working relationship.

Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

Staff supported people in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Systems were in place to ensure people received their medications in a safe and timely way from staff who were appropriately trained. More robust monitoring of medication had been introduced since our last inspection.

There was an open and transparent culture where measures were put in place from lessons learnt from incidents or errors so that they were less likely to happen again. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were very well managed and organised.

People were supported to maintain good health because they had access to appropriate health care services. They were supported to eat and drink sufficient to maintain a balanced and varied diet.

Relatives of people who used the service told us they were very happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed.

The management structure in the home had been strengthened since the last inspection, including the appointment of a new registered manager. This had led to improvements in the service, such as with care planning and the thoroughness of audits. Staff morale, team work and communication were good and the staff team were very positive about the changes.

The registered manager and staff we spoke with were passionate about ensuring effective quality monitoring to continually improve the service and the wellbeing of people they supported.

Staff conveyed enthusiasm about the ethos of the home and said they were committed as a staff team to make a difference to people's lives. A visiting health care professional told us, "The staff team are fully on board with a positive pro-active approach. People's well-being and engagement has improved dramatically recently with this refocus of approach."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lynbrook

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 was 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.

The unannounced inspection was carried out by one adult social care inspector on 8 & 9 November 2018.

During the inspection we met the three people who used the service. People had limited verbal communication so we observed staff practices. We also spoke with the registered manager, the deputy, two senior support worker and three support workers. We also spoke with the regional operations manager.

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 spent time with people in the communal areas and, with permission we looked in some people's bedrooms, all of the bathrooms and the communal areas. We observed how staff interacted and supported individuals. We looked at people's care records, four recruitment records and the staff training records. We checked the records relating to the management of the service, medication records, and some of the services policies and procedures.

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications and injuries. We contacted commissioners from the local authority who contracted people's social care. We contacted the local safeguarding team and the adult social care team that commissioned services at Lynbrook. We did not receive any information of concern from these organisations. We used all of this information in a planning tool to inform the inspection process.

Good

Is the service safe?

Our findings

Some people living in the home had limited verbal communication. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

We saw care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and these explained to staff what action they needed to take to protect people.

We found that managing risk had a high profile and was a central part of working with people. People were given opportunities to try out and test out new skills in a stepped approach which allowed them to build confidence whilst also minimising the risks. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

Risks had been assessed, regularly reviewed and staff received regular training on how to manage people who presented with behaviour that could challenge. Health care professionals we contacted told us staff were very good at managing risks.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, "We've had really good training, safeguarding was one of them, and it's something we talk about a lot as a staff team." Staff said they would not hesitate to report any safeguarding concerns. Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. One staff member told us, "The new manager is brilliant, she says to us 'its good practice to challenge me, ask if you are not sure, and if you're not happy then go above me.' It's a very open staff team now, we can raise anything". The staff we spoke were knowledgeable about safeguarding people and the providers had whistle blowing policies and procedures in place. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

We saw rosters for the four weeks prior to our inspection and spoke with staff who told us there was sufficient staff to meet people's needs. We found that there was enough staff to meet people's needs. Staff were flexibly deployed according to people's changing needs. We saw the staffing rota reflected this. Our observations identified people's needs were met in a timely way and staff were present in communal areas. Relatives we spoke with told us the staffing levels were always maintained.

We found a robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We looked at four staff files which contained all the essential pre-employment checks required. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff we spoke with confirmed the recruitment process. They said they could not start

work until satisfactory references and a DBS check had been obtained. The registered manager was competent and well briefed at utilising staff support structures, such as gaining additional HR support and this included staff disciplinary actions. This meant people could be confident that the staff who worked in the home had been checked and continued to be monitored to make sure they were suitable to work with vulnerable people.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MAR). We found medication was stored correctly. We found medication was managed safely and records were robust. These systems had been improved since our last inspection. Dispensing of medicines audits were now carried out by two staff members to reduce errors. The registered manager and deputy had instigated very robust quality monitoring of medicines. The monitoring had identified some minor issues, we saw the registered manager and deputy had recorded these issues and had followed them up with staff to ensure they did not occur again.

The registered manager analysed any on-going incidents or accidents and would risk assess things like falls or recurrent illnesses. She told us that a 'lessons learned' approach was taken in the home and that she would discuss any incidents with her line manager and appropriate changes made. This had taken place with the medicines errors that had been picked up. With staff undergoing renewed competency checks and training on safe management of medicines.

The training given to staff and the regular maintenance of equipment ensured people who lived in the home were protected against the unsafe use of this equipment. The service had a good contingency plan in place for any potential emergency.

Good infection control measures were in place. Staff had ready access to gloves, aprons and other equipment. Laundry systems were effective in reducing risk of cross contamination. There were no unpleasant odours anywhere in the building and all areas of the home were clean, fresh and orderly. Good hygiene and cleaning programmes were in place and closely monitored.

Good

Is the service effective?

Our findings

People were supported by well trained staff who had the knowledge and skills to meet people's needs. Relatives told us the staff were very good and met the needs of people who used the service. Relatives praised the staff team and spoke very highly of the support provided. One relative said, "They have made a difference to [my relative's] quality of life they are able to go out now as this is well managed and they thoroughly enjoy this." Another relative told us, "Staff are always well informed and helpful."

Staff new to care were also completing the 'Care Certificate' introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. New staff we spoke to said they felt very well supported by the whole staff team and that the induction training had given them confidence and the skills need to be part of the team. One new staff member said, "The manager has said that 'no question is a silly' question and the staff have all been fantastic in offering support and advice. You never feel on your own or out of your depth here."

Staff had received specific training in how to manage behaviours that may challenge. Staff told us the training was very good and focused on diversion and distraction and the least restrictive methods to manage any behaviour. An external health care professional we spoke with told us staff were very knowledgeable and gave an example of close working with one person to help them to settle into the home. This had been completed successfully when this person had struggled to settle in other homes. One of the external health care professionals said, "Staff have regular training and sometimes we will come in to do bespoke training on individual people's behavioural needs. The working practice they display is excellent."

Staff received regular supervision and support sessions. We also saw staff received an annual appraisal of their work performance. We saw from the training matrix and by staff telling us that they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. One staff member told us, "We have received some specialist training on looking after someone's epilepsy medication recently, it was very helpful."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that these were in order and up to date. New authorisations were being sought where people's needs had changed.

We looked at how the service supported people to make their own decisions. Some people who used the service were not able to make important decisions about their lives. We saw that the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. The manager of the service was very knowledgeable about how to respect the rights of people who did not have capacity to make important choices about their care. The care staff we spoke with also understood how to respect people's rights. This ensured the person's needs were being met in the least restrictive way.

Staff were clear about their roles and responsibilities to ensure people's human rights were protected. They knew people well and were aware of their communication needs and how best to enable them to make decisions for themselves.

Staff understood people's dietary needs, special diets or any person who was at risk of choking. We saw detailed in people's care plans their dietary requirements, preferences and likes and dislikes. We saw the speech and language therapist had also been involved with some people where a risk had been identified and their guidance and instructions were in the plan for staff to follow.

We saw a good variety of food available including fresh fruit and vegetables. Staff told us if they ran out of anything they just went out and bought it. People's weights were regularly monitored. This helped staff to identify the need to involve healthcare professionals such as the dietician or speech and language therapist in a timely manner. We saw that support at meal times was provided in a patient and discreet way.

People were supported to live healthier lives; they had access to healthcare services and received ongoing healthcare support. We saw from care plans that health care professionals were regularly involved in people's care needs. There were regular meetings with health care professionals to discuss progress, what was working and what needed to change. Professionals we spoke with all praised the service and the staff. One healthcare professional said, "The home is good at identifying risk to peoples' health at an early stage and therefore preventing avoidable deterioration in people's health. The communication from the staff is very good and they always follow our instructions." Healthcare passports were used to ensure continuity of care when a person needed to go into hospital.

We saw the home had aids and adaptations such as an assisted bathroom, hoists and moving and handling aids to meet people's physical personal care needs. We reviewed how the service used technology to enhance the delivery of effective care and support. Some people had been supported individually to make positive use of computers, laptops and tablets, such as to look up their interests and hobbies.

Good

Is the service caring?

Our findings

We observed warm, positive and relaxed interactions between staff and people who lived in the home. People who had little or nonverbal communication showed positive reactions when staff approached them and clearly enjoyed the time they spent with staff.

We saw staff interacted with people in a positive way. They supported people in a caring and responsive manner, while assisting them to go about their daily lives and encouraging independence. People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them and reading their care files, which included information about people's likes, dislikes, their preferred routines and their life history. Staff were passionate about ensuring they knew the person well to be able to meet their needs.

People were encouraged to maintain their independence and to carry out tasks for themselves. We saw that the staff gave people time and encouragement to carry out tasks themselves. Some people who used the service faced challenges around communicating their decisions. However, the service had produced support plans which identified how people used a variety of different ways to make their needs known.

People living at the home looked well-presented and cared for and we saw staff treated them with dignity. We saw staff respecting people's privacy and dignity by for example closing doors while providing personal care and speaking to people about things in a dignified and age appropriate manner.

We saw relatives could visit without restriction and one told us, "I can come whenever I like and staff are always lovely with all the residents, they take their time with people and are very caring."

We had evidence to show that staff in the home understood people's needs and treated them as individuals. For example we saw that people were supported to express their personalities and interests. This was demonstrated in the way people were supported to have individual interests and hobbies.

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

Good

Is the service responsive?

Our findings

People were supported in a person-centred way and their preferences were respected. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen. We saw that people were leading lives of their own choosing and each had different hobbies, interests and life styles that staff supported them with.

There were regular meetings with health care professionals to review people's needs and any changes required to improve their quality of life and wellbeing. One health care professional told us staff would come to meetings prepared to ensure relevant points were discussed. They said, "We meet and discuss what the issue is, staff tell me what they think, bring clear questions and already have some solutions to discuss. They are a good staff team to work with as they are proactive in managing people's needs."

The service promoted person-centred care and individuality. A healthcare professional told us, "The quality of life has tremendously improved for the person I see. They have a good life and this is because staff know how to support them." Another health care professional said, "The staff are dynamic in their thinking, ensuring peoples quality of life is as good as it can be. They are very person centred in their approach."

We observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. People were supported on a one to one or two to one basis and the care staff organised activities and supported people to participate in activities of their choice. We saw that one person's room had been personalised with sensory and specialist equipment to engage them.

There was suitable support for the communication needs of people. Staff had received training and were knowledgeable on the preferred ways for people to communicate, such as the use of Makaton. There was easy to read signage around the home and we saw staff pre-empting people's needs, giving people cues and listening to them with patience and insight.

People were supported to be involved in their local community and to have relationships with friends, and their families that ensured that no one was socially isolated. Some people were supported to go to local pubs, regular cafes and to take holidays across the year. People were supported to take part in meaningful educational courses and to attend college.

Staff reported that they had been trained and directed to notice and report any changes to people's needs so that support could be arranged as soon as possible. We also saw how the service was keen to look at the person as a whole and take into account their emotional, social and psychological needs. Staff regularly attended multi-disciplinary reviews with other professionals to help co-ordinate the care of people with complex needs.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives

and health and social and health care professionals. We found support plans informed staff how to support and care for people to ensure that they received care in line with their assessed needs. They had also been regularly evaluated to ensure that they were up to date and captured any changing needs.

No one at the service was receiving end of life care at the time of our inspection. However, the service had research accessible and easy to read guidance on this and where staring to use a document called "Living well: thinking and planning for the end of your life". This was recognised good practice for people with a learning disability so that work could be done in a meaningful and sensitive way with most appropriate use of communication methods and resources.

We had not received any concerns or complaints about the service. The provider had not received any complaints but had systems in place for dealing with these.

Good

Is the service well-led?

Our findings

The home had a suitably qualified and experienced registered manager. The management structure in the home had been strengthened since the last inspection, including the appointment of a new registered manager. This had led to improvements in the service, such as with care planning and the thoroughness of audits. Staff morale, team work and communication was good and the staff team were very positive about the changes.

We asked for views on the management of the service and received positive feedback. One person told us, "I can speak to the manager, she is great and listens to me." The relatives we contacted told us that they would recommend the service to other families.

Our discussions with people, the management team and staff, showed us there was an open, inclusive and positive culture that focussed on people. Staff told us they felt valued and supported by the registered manager and appreciated their style of leadership. They told us they felt well supported by the manager and senior team, as well as the provider's operations manager. One support worker told us, "I love my job, I feel well supported and there's always someone I can contact." Other comments from staff included, "The manager is great."; "Brilliant manager."; and, "I feel very supported and wouldn't hesitate to go to the manager with concerns or issues. The service is well run."

There were regular staff meetings and supervisions. We saw from the minutes that these meetings offered an opportunity for staff to share their views and to be updated by the management. Some meetings included updates on specific training areas such as the MCA or safeguarding and staff had been reminded about forthcoming training dates. Staff told us that the registered manager frequently held staff meetings and that the provider operated an "open door" policy. Staff told us that they were encouraged to make suggestions as to how the service could improve.

Records showed audits were carried out regularly and updated as required in order to the service provided by the home. Monthly audits included checks on medicines management, care documentation, training, accidents and incidents and the safety of the environment. These audits fed into the provider's system for checking on the service so that the overall quality and safety of the service could be monitored and upheld. We saw how the provider's system had been strengthened in recent months as part of a lessons learnt exercise from one of the providers other services who had not been performing to expected standards. The new system we saw made staff more accountable and had deadlines for action, who was accountable and dates for when completed.

We looked at how the manager and staff worked with other agencies. A strong ethos around effective partnership working was in place and it was clear excellent working relationships had been forged with community professionals from the NHS and internally within the council. Comments from professionals included, "The staff team attends joint health and social care meetings on a regular basis to develop and improve integrated working."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act. All paperwork was locked away and electronic records were password protected. Policies and procedures were readily available for staff to use.

Providers of health and social care are required to inform the Care Quality Commission [CQC] of important events that happen in the service. The registered manager of the home had informed us of significant events in a timely way. This allowed us to monitor the service and check that appropriate action had been taken. The service displayed the home's rating from our last inspection and a copy of the report was available at the entrance to the home.