

Lynx Care (UK) Ltd

# Lynx Care(UK) Ltd

## 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

Lynx Care (UK) Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community, some of whom have complex needs and require 24-hour support. At the time of this inspection, 37 people were receiving support and 40 support workers were employed. The service office is based in the S9 area of Sheffield, close to transport links.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Our last inspection at Lynx Care (UK) Ltd Homecare took place on 31 January and 1st February 2017. We found four breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches of Regulation 12: Safe care and treatment, Regulation 17: Good governance, Regulation 18: Staffing and Regulation 19: Fit and proper persons employed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective and well led, to at least good.

This inspection took place on 12 and 13 February 2018 and was announced. We gave the registered manager 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 12: Safe care and treatment, as medicines administration procedures were adhered to and the medicines administration records seen had been fully completed. In addition, individual's risk assessments had been dated and reviewed to make sure they were relevant and up to date.

We found sufficient improvements had been made to meet the requirements of Regulation 17: Good governance, as systems were in place to effectively monitor and improve the quality and safety of the service.

We found sufficient improvements had been made to meet the requirements of Regulation 18: Staffing, as staff were provided with relevant training, supervision and appraisal for development and support.

We found sufficient improvements had been made to meet the requirements of Regulation 19: Fit and proper persons employed, as the recruitment files checked contained full and relevant information.

People spoke very positively about the support provided to them. They told us they felt safe and their

support workers were respectful and kind. People told us they received a consistent and reliable service that met their needs.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with 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.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Lynx Care (UK) Ltd.

Visit times were flexible to support people's needs and enable them to access health and social care professionals to help maintain their health and wellbeing.

People were supported to maintain a healthy diet, which took into account their culture, needs and preferences, so their health was promoted and choices could be respected.

Staff knew the people they supported well. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People said they could speak with their support workers or the registered manager if they had any worries or concerns and they would be listened to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration of medicines.

Robust recruitment procedures were in operation and promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

### Is the service effective?

Good 

The service was effective.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision and appraisal for development and support.

People had consented to the support provided by Lynx Care (UK) Ltd.

Staff supported people to eat a balanced diet to maintain their health.

### Is the service caring?

Good 

The service was caring.

People told us support workers were caring and kind.

People were supported to contribute to their support plan.

Staff respected people's privacy and dignity and knew people well.

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

The service was responsive.

People's support plans contained relevant details and were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Good** ●

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

The service was well-led.

People said the registered manager was approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

**Good** ●

# Lynx Care(UK) Ltd

## 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 inspection took place on 12 and 13 February 2018 and was announced. We gave the service 48 hours notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

We visited three people who received support at their homes on 12 February 2018. We spoke with the three people receiving support to ask their opinions of the service and to check their care files. We also spoke with one relative of a person receiving support during a visit.

We visited the service's office on 13 February 2018 to see the registered manager, some staff and to review care records and policies and procedures.

The inspection team consisted of two adult social care inspectors 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. The expert by experience had experience in caring for older people. This inspection was shadowed by a third adult social care inspector, as part of their induction to their role.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

We spoke with the registered provider, the registered manager, the office manager, the finance manager, the acting service manager and three support workers in person during the visit to the office. We spoke over the telephone to a trainer.

We telephoned ten people who received support and spoke with them, or their relatives, to obtain their views of Lynx Care (UK) Ltd.

We reviewed a range of records, which included care records for six people, four staff training, support and employment records and other records relating to the management of the domiciliary care agency.

# Is the service safe?

## Our findings

People receiving support said they felt safe with their support workers. Comments included, "Oh yes. I am very safe with all of them [support workers]," "I feel very safe with them [support workers]. They look after me very well. I would tell my family first [if I didn't feel safe]" and "I feel very safe."

Relatives of people receiving support also felt their family member was safe with their support workers. Comments included, "Yes [family member] is safe with them [support staff]. We have a 24-hour package so it is important we get it right with them. [Family member] is safe when staff are moving and handling them. I speak to the manager if we have a problem," "We think [family member] is safe with them [support staff]. We have no issues at all around safeguarding. They are hoisted safely by all the carers," "We are very happy with all aspects of [family member's] care," "[Family member] is very safe with them [support workers]. They provide excellent care," "[Family member] is very safe with them [support workers]. They have helped them come on in leaps and bounds" and "Yes, [family member] is definitely safe. They [support staff] take them out shopping and I have no concerns about their safety."

All of the staff asked said they would be happy for a relative or friend to be supported by Lynx Care (UK) Ltd and felt they would be safe.

Our last inspection at Lynx Care (UK) Ltd took place on 31 January and 1 February 2017. We found a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 12: Safe care and treatment. This was because the registered provider had not done all that was practicable to mitigate the risks to service users. Medicines administration records held gaps in recordings so it was not possible to ascertain if people had received their medicines as needed. In addition, the risk assessments seen had not been dated or signed. This meant it was not possible to ascertain if they had been reviewed and were up to date.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 12.

We looked at three risk assessments held at people's homes, and three risk assessments held at the office. All of the records seen had been signed and dated to show they were up to date. Where relevant, risk assessments had been reviewed.

We looked at ten people's Medicines Administration Records (MARs) and audits of MARs kept at the office. This included two MARs kept at people's homes. All of those seen had been fully completed to evidence people had received their medicines safely. Since the last inspection, the registered manager had introduced more regular audits of MARs to make sure safe procedures were adhered to. The records seen showed audits of MARs were undertaken by team leaders on a monthly basis at people's homes, and by the registered manager or office manager, once the completed records had been returned to the office.

All of the staff spoken with were clear about the safe handling and administration of medicines procedures.



Staff confirmed they had been provided with training on medicines handling by a qualified trainer and they had had their competency checked during 'spot checks' carried out by more senior staff before they were allowed to administer any medicines. We found a policy on handling medicines was in place and available to staff so they had access to this important information.

People spoken with said they were happy with the support they received with their medicines. One person told us, "I take my tablets but they [support workers] help me by putting cream on my legs. They never forget and it works really well." One relative of a person receiving support said, "They [support workers] give [family member] their tablets. There has never been a problem."

All of the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

The service had a policy and procedure in place to support people who used the service with their personal finances. The registered manager informed us the service only handled money for a few people, for example if staff went to the shops for someone. The policy stated that should this support be needed, staff would complete a financial transaction sheet so all transactions could be audited and monitored. However, during a visit to their home, one person receiving support told us staff occasionally went to the fish and chip shop for them. They were happy with this arrangement and confirmed staff always gave them their change and a receipt. We checked the person's care file and found, whilst clear records had been made in the 'daily log' section, no financial transaction sheet was available in the file for staff to complete, in line with safe procedures. We discussed this with the registered manager who confirmed a financial transaction record had been provided and the person's home and support workers advised to use this.

At our last inspection at Lynx Care UK (Ltd) we also found a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 19: Fit and proper persons employed. This was because the registered provider had failed to ensure all of the required information had been obtained prior to employment. Recruitment files seen did not detail full employment history.

At this inspection, we found improvements had been made to meet the requirements of Regulation 19.

We looked at four staff recruitment records. Each contained a full employment history. They also contained proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the four files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, 37 people received a service and 40 support workers were employed. Staff told us they had

regular schedules. People receiving support told us staff stayed for the agreed length of time. This showed sufficient levels of staff were provided to meet people's identified support needs.

We asked staff about the levels of staff provided. All the staff spoken with did not express any concerns about staffing levels and thought there were enough staff. The registered manager informed us the service had recently recruited to a service manager post and there was ongoing recruitment for support workers.

People receiving support and their relatives generally thought enough staff were provided. Their comments included, "Maybe [enough staff], but they do give them [support workers] very large areas to cover," "I think there are enough staff. We never have any problems," "There always seems plenty of people available" and "I would say so [enough staff], we never have a problem at all."

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support we spoke with did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear.

## Is the service effective?

### Our findings

People told us they thought staff had the skills they needed for their role. Comments included, "They [support staff] are very good. They know what they are doing," "I think the quality of care is excellent. They [support workers] are very knowledgeable and support [family member] very well," "They [support workers] are all very good and look after me very well," "Nine out of ten [support workers] are great. They pick things up very quickly and I like the fact that new starters shadow the experienced ones until they are ready to work on their own. They all have training in using the hoist safely too," "The carers are superb. Very well trained and use equipment safely too. The more mature ones are more experienced and confident, and they are a good support for the younger ones," "I think they [support workers] are very well trained. They are all very good carers" and "They [support workers] give me all the help I need in the way I need it. That tells you they are good at their job." One person told us the trainer from Lynx (UK) Ltd. was liaising with their physiotherapist to organise training for support workers to help them do their exercises for physiotherapy. This meant support staff would have further specific skills to support the person's individual needs.

Our last inspection at Lynx Care (UK) Ltd took place on 31 January and 1 February 2017. We found a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 18: Staffing. This was because the registered provider had not provided all staff with appropriate training, supervision or appraisal. Records seen showed some gaps in staff training. Supervisions and appraisals had not taken place at the frequency identified in the registered provider's policy. Following the inspection, the registered manager provided us with updated evidence that showed improved and new office planning systems had been implemented which showed concerns raised from the inspection had been addressed in a timely manner.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 18.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dignity. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was, "Very good."

We found staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and

staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed support staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said they received formal supervisions and could approach management at any time for informal discussions if needed. This showed staff were appropriately supported.

People told us the service was very reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "We have the same team usually. The continuity is very important to us," "We have the same carer, which is important to [family member]," "We did have a problem with different ones arriving, but it has all been sorted now," "I have three regulars [support workers]. I know them really well, and they know me," "They are reliable. They always turn up. You know someone will always come. I have regular carers and know them all," "They [support workers] are not bad at all. They never let me down," "They [support workers] are very reliable. We don't have any problems there," "We do not have a problem. They [support workers] have never missed us," "They [support workers] are generally on time, give or take. They have never missed us" and "[Support worker] will ring to say if she is going to be ten minutes late. She has only missed one call and the office rang to say she was ill." However, one person told us they had recently experienced some difficulties regarding staffing, they commented, "We do not have a problem with them [support workers] arriving late to change over shifts at all. Three or four times recently, they have let us down when a carer has not turned in for work. They did not have any back up and family had to step in at short notice." We spoke with the registered manager regarding these reported missed visits. They told us they were aware of this and the issue had been dealt with and was now resolved.

Every person spoken with said they had good communication with the office and their support workers. Comments included, "I can ring them [staff] anytime I need," "I don't have a problem at all. I have a good core team and good liaison with the office. The office always rings me if they need to" and "I have the office number and know it by heart. I can always speak to someone."

We found staff completed a record at each person's visit. This detailed the arrival and departure times. We checked some visit records and found these showed all staff stayed for the full length of time identified as needed.

Staff told us they were provided with a 'fixed' schedule so they got to know the people they were supporting. Staff also said their schedule allowed for travel time between visits so they did not run late. Staff confirmed they were always introduced to the person using the service before they started supporting them. Staff also covered for annual leave and sickness in addition to their regular visits. The acting service manager told us staff were very good at covering. They told us one support worker had undertaken a visit the previous night, when they should have been off duty, as the person's regular support worker could not make the journey due to snow.

We asked people about support with their healthcare. People told us the service was flexible and accommodated their visits to healthcare professionals so their health was maintained. One person told us their support worker had saved their life. They described the actions taken by their support worker during a medical emergency. The support worker had delivered first aid whilst emergency responders arrived. The person spoke very highly of their support worker and the positive relationship they had.

The care plans checked showed people's dietary needs had been assessed and any support they required with their meals was documented.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

## Is the service caring?

### Our findings

Every person receiving support that we spoke with made positive comments regarding staff. Their comments included, "They [support workers] are lovely people. They are very caring," "They [support workers] are very good. I couldn't manage without them" and "I would definitely recommend Lynx. I feel comfortable with them [support workers] and have never had any hassle. They are very approachable."

Relatives and friends of people supported were equally complimentary and positive about the staff. Their comments included, "They [support workers] are very kind. They go the extra mile, put washing in, then in the dryer, things like that that make such a difference for me. They are terrific carers," "They [support workers] are very gentle with [family member] when they are washing and cleaning them. They are very careful not to hurt them," "They [support workers] are all lovely. We have no problems at all with them," "They [support workers] are very attentive towards [family member]" and "They [support workers] are all so friendly and we have got used to them all now."

People receiving support told us staff were always respectful and maintained their privacy. One person told us, "My care is quite complex. There is nothing more frustrating than having to talk carers through it. My regulars know me and explain everything to new carers so I don't have to. They know I appreciate that. They are very respectful." Another person said, "They [support workers] always make sure my privacy is kept, especially when they are helping me to wash."

Relatives of people receiving support also told us they found support workers respectful. They told us, "They [support workers] make sure the door is closed when they are changing [family member] and are very respectful to all the family," "They [support workers] are very respectful and care about [family member's] privacy when doing their personal care" and "We have a bit of banter with them [support workers], which is good, but they are always respectful to both of us. They are very considerate when helping [family member] shower too, closing the door and things like that."

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via their phones. This promoted people's privacy.

Staff we spoke with were motivated about their work. They could describe how they promoted dignity and respect and were caring and compassionate in their approach. One member of staff told us, "I love my job. We don't just care for people, we care about them."

People told us they were involved in writing their care plan and they told us someone from the office had visited them to talk about their support needs. They told us they felt involved in all decisions about their support. One person told us, "I feel involved in my care. I can talk to my carers and I direct my care. Carers always ask permission before they do things. They are very respectful and always explain things."

Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences so these could be respected by support workers. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

## Is the service responsive?

### Our findings

People receiving support and their relatives we spoke with all said they could talk to the registered manager and staff at any time. No one had ever had any reason to complain. People told us they knew who to speak to if they needed to raise any concerns or a complaint. Comments included, "I know I can ring the office if I have a grumble, but I have never had to" and "I do ring them when I need to sort something out. They always listen."

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

We saw a system was in place to respond to complaints. We checked the complaints record and found the action taken in response to a complaint and the outcome of the complaint was recorded. This showed any concerns or complaints received would be listened to and taken seriously. The registered manager informed us there were no current complaints.

People we spoke with said the service was flexible to suit their needs. They told us if they had health care appointments, the visit times would be changed to accommodate this. One person told us, "They [support workers] are flexible to suit me. One [support worker] came the other day and I needed a specimen taking to the doctors so they took me up [to the doctors]. They are very good like that." Another person told us, "I have Lynx for half an hour, mainly to do meals but they are very flexible. Once they have done the meal, they always ask if I want anything else doing. They will put my television programme on for me, get me my mail, and Hoover."

Staff also confirmed the service was flexible to suit people's needs. They gave an example of a person having a morning call increased from half an hour to an hour as they fed back to the registered manager the person was getting breathless during their morning routine and needed more time. Another person had an extra evening call arranged, as they needed help with their medicines at that time. A relative of a person receiving support commented, "We recently said that [family member] needs more visits, so they altered the care plan and arranged them straight away."

People receiving support and their relatives we spoke with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by the registered manager and staff in subsequent reviews of their support and the support plans. People spoken with said



the registered manager had visited them in their home to discuss their care needs and agree their support plan before support was provided. People confirmed they had been fully consulted. Comments included, "I do have a care plan and it has been looked at recently" and "They discussed everything with me so I was fully involved."

Relatives spoken with confirmed care plans were in place and told us these were reviewed regularly. They said they had been involved in the reviews. Comments included, "[Family member] has a care plan. They do come to do regular check-ups on it," "[Family member] has one [care plan] and it has been reviewed. The last time was when [family member] had deteriorated and needed more care. We did notice we did not have a copy, but asked the people in the office and they apologised" and "[Family member] does have a care plan and it has been reviewed recently to reflect their needs have changed."

People's care plans contained information about their care and support. Those seen contained information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service. The registered manager and other staff spoken with talked about outcomes for people, what was important to them and what they wanted. This showed an in depth knowledge of the person's individual needs and aspirations. One member of staff told us, "We aren't task orientated. We are people orientated."

The care plans checked contained details of the actions required of staff to support specific medical conditions. The plans contained information on relevant health conditions so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

At the time of the inspection, one person was being cared for at the end of their life. The registered manager told us, and the care records evidenced, a multi-disciplinary team of healthcare professionals was involved and worked with the service to plan care and support the person in line with the person's wishes.

# Is the service well-led?

## Our findings

The manager was registered with CQC.

People receiving support and their relatives spoke positively about the registered manager and the office staff. They told us they thought the service was well led and the registered manager was approachable and supportive. Comments included, "The manager is very open to suggestions and prepared to improve the service in any way possible," "We are in contact [with the manager]. They always respond quickly to emails," "Everyone in the office is helpful. If we need extra calls we just ring them and they put them in place," "I just speak to people in the office but they are always very helpful and friendly," "It is really beneficial to us and a well organised agency" and "[The registered manager] is very helpful. She does her best to help us."

Without exception, people receiving support, their relatives and friends said they would recommend Lynx Care (UK) Ltd. to their friends and family.

Staff spoken with said the registered manager was very approachable and supportive. One member of staff told us, "She [The registered manager] is wonderful. She really cares."

Our last inspection at Lynx Care (UK) Ltd took place on 31 January and 1 February 2017. We found a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in Regulation 17: Good governance. This was because the registered provider had failed to ensure systems or processes operated effectively to assess, monitor and improve the quality and safety of the service.

At this inspection, we found sufficient improvements had been made to meet the requirements of Regulation 12.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. The registered manager told us since the last inspection the number of audits undertaken had increased to improve the monitoring of the service. Records seen showed the registered manager, office manager and team leaders undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support. We checked the spot checks undertaken in January 2018 and found positive comments from people receiving support had been recorded on the spot check forms. People had commented, "All the staff are lovely," "I am more than satisfied" and "I don't have any problems at all."

The audits and spot checks seen identified the actions taken to resolve any issues identified. For example, with the person's permission, a chart had been developed for staff to complete at the person's home to ensure no out of date food was kept. This meant risks had been minimised and the person's health and safety was promoted.

We found questionnaires had been sent to relatives and representatives of people receiving support in July 2017 to obtain their views of the support provided. We saw all of the questionnaire responses were positive. The results of questionnaires had been checked and the registered manager told us if any concerns were reported, these would be dealt with on an individual basis where appropriate. A report had been developed following the analysis of returned questionnaires. This was provided with pictures and symbols to help some people with complex needs understand the information.

This showed effective systems were in place to monitor the quality and safety of the service.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. Their comments included, "I love it here. Its nice management and a good team," "It's a fantastic company. There is good morale between care users and staff" and "It's a good place to work." All of the staff asked said they would be happy for a friend or family member to be supported by Lynx (UK) Ltd. All of the staff spoken with displayed a pride in the service and their role. One member of staff told us, "A measure of good care is if I would be happy for my Mum to be cared for [by Lynx (UK) Ltd.] and I would."

We saw an inclusive culture at the service. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.