

Lynncare 2000 Limited

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Inspection report

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Date of inspection visit:
05 May 2017

Date of publication:
07 June 2017

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

We carried out this inspection on 5 May 2017.

Lynncare 2000 Limited provides care for a maximum of eight people. At the time of our inspection there were eight people who lived at the home. These people were younger adults or older people who required care and support with their mental health, learning disabilities or autistic spectrum disorder.

The service had a registered manager. 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. The registered manager was also the provider and had been at the service since 2003, registered since August 2011.

Care plans contained information for staff to help them provide personalised care, were up to date and accurately reflected people's care needs. People were involved in reviews of the care provided with their keyworkers.

People told us they felt safe living at the home. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were effective in identifying risks to people's safety and in managing these risks.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to reduce the risks of unsuitable staff working at the service. Staff received a comprehensive induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and people chose how they spent their time. Staff encouraged people to be independent.

People received medicines from trained staff, and medicines were administered safely.

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 with their nutritional needs and were involved in preparing meals where possible. People were assisted to manage their health needs, with referrals to other health professionals when required.

People had some activities to keep them occupied with day trips out and holidays, and staff supported people with their individual interests.

People knew how to complain and were encouraged to share their views and opinions about the service they received. There were formal opportunities for people and relatives to feedback any concerns through surveys.

People and relatives were positive about the management of the service. Staff told us the management team were approachable and responsive, and they could raise any concerns or issues with them. There were formal opportunities for staff to do this at team meetings and individual meetings.

There were processes to monitor the quality of the service provided. There were other checks which ensured staff worked in line with the organisation's policies and procedures. Environmental checks were completed and staff knew the correct procedures to take in an emergency.

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 remained safe.

People received their medicines correctly from trained and competent staff. Staff had a good understanding of what constituted abuse and knew how to report this if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks relating to their care and how to minimise these.

Is the service effective?

Good 

The service remained effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Staff referred people to other professionals if additional support was required to support their health or social care needs.

Is the service caring?

Good 

The service remained caring.

People were supported by staff who were kind and compassionate. Relatives told us staff were caring. People were encouraged by staff to be as independent as possible and chose how they spent their time. Staff respected people's privacy and dignity.

Is the service responsive?

Good 

The service remained responsive.

People received a service that was based on their personal preferences. Care records contained detailed information about people's care needs, preferences and routines. People were occupied with meaningful activities, including trips out and

holidays. People had the opportunity to complain and the registered manager was responsive to any concerns raised.

Is the service well-led?

Good 

The service was well-led.

People, relatives and staff were positive about the management team. Staff felt supported to carry out their roles, and considered the management team to be approachable and responsive. There were effective systems in place to review the quality and safety of the service provided, these ensured staff worked in line with policies and procedures.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 May 2017 and was unannounced. The inspection was conducted by one inspector 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 our visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the local authority commissioning team. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They had no further information about the 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 received this prior to our inspection and it reflected the service we saw, the improvements made, and plans for the service.

During our visit we spoke with four staff, including two support workers, the deputy manager and the registered manager who was also the provider. We also spoke with one person and three relatives by telephone. Most people at the home were not able to share their experiences of the care with us. We spent time observing care in the communal areas.

We reviewed two people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.



Our findings

At this inspection, we found people had the same level of protection from abuse, harm and risks as we saw at our previous inspection. This meant the rating continued to be 'Good'.

People and relatives told us the service was safe because staff were familiar with people and knew about their needs. One person told us, "We have the same staff at night and the same in the day."

Staff had received training in safeguarding people from abuse, understood the importance of this and their responsibilities to report any concerns. Staff were confident in how to report concerns and could tell us which external agencies could provide support if required.

Risks related to people's care needs were accurately assessed, up to date and informed staff what they should do to reduce these to keep people safe. Managers updated risk assessments when risks changed.

The provider checked staff suitability to work at the home before they started employment. These included DBS (disclosure barring service) checks and obtaining references from the previous employer. The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to work alone until the recruitment checks had been completed. Staff new to the organisation completed a comprehensive induction and one new staff member was undertaking this at the time of our visit.

There were enough staff available to meet people's needs. No agency staff were used, and the service had no current staff vacancies.

Medicines were administered, stored and disposed of safely. One person told us, "I take tablets, the staff give them, they don't forget, no. I have them every day." Staff were trained to administer medicines. The registered manager completed competency checks on staff to ensure medicines continued to be administered correctly. Protocols (medicine plans) were in place when people needed medicine on an 'as required' basis, so staff supported them consistently.

Safety checks of the environment had been completed and were up to date. Maintenance of the service was carried out by the provider. People told us any repairs required were carried out quickly.

Accidents and incidents were recorded and steps had been taken to prevent similar events reoccurring. Fire drills were completed and we saw a fire procedure displayed including one in an easy read format to help

people understand this. People had individualised emergency plans in place in the event of a fire, so staff were aware of their individual needs to support them safely and effectively in an emergency.



Our findings

At this inspection, we found staff continued to have the same level of skill, experience and support to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. This meant the rating continued to be 'Good'.

Staff had the skills and knowledge to meet people's needs. One person told us, "I do a lot of things for myself, but they help me with some things. They know what to do." Staff received training suitable to support people with their health and social care needs. The management team recorded and reviewed the training completed to ensure this remained up to date. At the time of our visit, staff were completing an autism awareness distance learning course. One staff member told us they had learned how some people with autism seek noise, while others 'shy away', and that all people are different.

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.

Staff understood the principles of the MCA and had completed MCA training. Most people at the service lacked capacity to make some decisions and these were recorded in their care records. The provider understood the importance of making decisions in the person's best interest. Staff gained people's consent before they supported them with care. One relative told us their family member decided what they did and did not want to do, and staff always asked them for consent.

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. 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 (DoLS) were being met. We found seven of the people who lived at Lynncare 2000 Limited had their liberty restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit all of the applications had either been submitted or authorised by the supervisory body.

People's nutritional needs were met with support from staff. Some people were supported to prepare their own meals and snacks. One staff member told us "[People's names] make their own tea. On Saturday

afternoon we're used to doing cooking and baking from scratch, we sit at the table and get them to peel vegetables, and we go shopping." Staff were aware of people's special dietary needs and how to support them correctly, for example, people who had diabetes. One staff member cooked meals for some people which was based on their cultural preferences.

People were supported to manage their health conditions and had access to health professionals such as GP's when required. On the day of our visit one person had been supported to see a dentist. Services such as specialist nurses, psychiatry and psychology were accessed. Some people had previously been supported by the speech and language therapy team.



Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. This meant the rating continued to be 'Good'.

People were positive about the way staff supported them. One relative told us, "I have to say I consider myself one of the lucky people where my [relative] is placed. I can only say wonderful things." Another relative described the staff as committed to caring for people and the environment as 'homely and caring'.

We saw staff showed people kindness during our visit. For example, one person was sleepy and a staff member gently encouraged them to lie down and have a nap. We saw people joked together and it was clear they had good relationships with each other. One staff member told us, "You treat people as who they are, they are not 'service users' but people. Some like a laugh and a joke; we try to stimulate them with their interests." They told us there was an approach to living at the home where staff offered people options and did not question their choices, and this was part of the culture.

Staff supported people with their individual interests and needs. Staff supported one person who liked to write letters to the American president. For one person who had recently been bereaved, staff had sought professional advice so they could support them in the best way possible. The advice had been to keep to usual routines, use certain phrases and use a pictorial book to help them understand. Consequently, the person had coped well.

People were encouraged to keep in touch with their families, some people went back to their family home with them, and relatives visited or took people out for the day. One relative told us, "I see them at least three times a week, I'm not worried about anything. I just talk to the staff regularly and pick up on everything." One relative suggested more information could be written on people's calendars by staff so families were more aware of what the person had been doing. This was fed back to the management team who agreed they would start doing this straight away. For some people who did not have a family, staff arranged for an advocate to support them further. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Staff encouraged people's independence. For example, people managed their own money with support. One person told us, "I get up at 6:30am, I have a shower, I wash myself, I come down when I'm dressed, the staff are always here."

Staff supported people with privacy and dignity. Comments included, "I can be just by myself," and, "I get care for 24 hours, but they don't distract me at night." Some people chose to stay in their rooms and staff respected their decision. One staff member told us, "People have all got their own rooms, it is their home, their own space and they are treated as individual people." People's rooms contained people's own personal items and furniture.



Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. This meant the rating continued to be 'Good'.

People were positive about the support they received. One relative told us they knew their family member was happy at Lynncare 2000 and they would be able to tell by the person's behaviour, if they were not.

Staff told us they felt the home was 'all about the people'. One staff member told us, "[Person] has a copy of our rotas so they know who's coming and going, and what's happening." Most staff had worked at the service for a long time. Staff knew people well, for example, a staff member told us what each person preferred to eat for breakfast each day.

People were allocated a named worker they were familiar with, called a keyworker. These were members of staff that knew them well. Keyworker meetings were held with people so they could talk about their care if they wished to. People were involved in reviews of their care with their relatives if this was appropriate.

Care records were computerised, up to date and documented people's care needs, routines and preferences. For example some people preferred staff to use certain words and phrases, and not others. People's life stories were recorded so staff were aware of people's personal histories and how to care for them in the ways they preferred. People had been involved in planning their care and signed their care records if able to, which showed they understood and agreed to this. These were 'easy read' and written in a pictorial format to help people to understand them. Staff used pictures to communicate with some people who were not able to always communicate verbally.

Social activities were arranged for people to enjoy. The day after our visit some people were going on holiday. Other people told us they used the 'ring and ride' service to take them to places they liked going, and some enjoyed going to church. Other people enjoyed day trips to the seaside and had visited London. Some people visited a day centre and a weekly disco. Another person was a football season ticket holder and went to football matches.

We looked at how complaints were managed by the provider. No complaints had been made about the service, however the registered manager was aware of the correct procedures to follow if they were. People told us, "Complaints? I would tell them if I had any." Relatives told us, "There is no complaint that I know of. [Person] will soon tell me if anything is wrong," and "If there was anything wrong we would question it, we

have no complaints." Complaints information was displayed in a pictorial format so this was easier for people to understand. One compliment we saw described the service as doing 'a wonderful job'.



Our findings

At our previous inspection in July 2015 the service required improvement, as the registered manager had not always notified us of an ongoing serious concern. We had been unaware of this information to enable us to monitor the service correctly. At this visit we found we had been notified of all the required information by the management team.

People and relatives were happy with the management of the home. The management team consisted of the provider who was also the registered manager and a deputy manager. One relative described the registered manager as 'golden' and told us they were very, very happy with the service. They explained, "It is as good as it can be, they are wonderful. I can well recommend [registered manager] and [deputy manager], they have been more than a friend to me." Another relative told us they felt the deputy manager was good and made the home 'tick'.

Staff told us the management team were approachable and they were positive about the management support they received. One member of staff told us, "I am not being biased, people are really well looked after, [registered manager] does their very best and we are trained well." Staff told us the management team were open and honest and this meant they felt safe to be the same. One told us, "They are fair, if you make a mistake, you can talk to [registered manager] or [deputy manager]."

Staff had formal opportunities to meet with managers at team meetings which were held approximately every six weeks. At a recent meeting in March 2017 discussions were held around housekeeping and infection control, so improvements could be made in these areas. One staff member told us, "The staff meetings are good, we can put forward ideas, this is a 24 hour service, we all communicate, identify problems and speak openly." They went on to say that staff were always being asked to make suggestions about how to improve the service and to look at how to do things better. Individual staff meetings were held around six times a year and gave staff the opportunity to discuss their performance and development.

The management team sought feedback from people, relatives and staff to identify where they could make improvements. Surveys completed by people were in a pictorial format, using 'smiley face' symbols. These showed positive results. Five 'family and friends' surveys had been completed in 2016 and comments from family and friends included 'we have always found staff to be helpful' and 'Lynncare are amazing to the service users'. We viewed six staff surveys completed in January and March 2017 which showed either good or excellent comments. One staff member suggested there could be more training opportunities and the registered manager told us they identified training for staff where possible and budgeted for this.

Audits and checks of the service were carried out by the management team to ensure staff were following the organisation's policies and procedures. Robust procedures were in place to protect people from financial abuse. Other checks were carried out around medicines and infection control to ensure staff were supporting people correctly.

The clinical commissioning group visited the home in February 2017 to check medicines were safe. Some minor issues were identified around temperatures of fridges, which had now been addressed.

Plans were in place to improve the service further to include some redecoration to rooms and refurbishment to bathrooms. Other work had been completed to improve the building which included the roof. The deputy manager told us their policies and procedures were in the process of being updated to ensure they were accurate.

The registered manager told us about challenges at the service. The service had improved following some changes and they told us they were proud of the staff team who were settled, and that people accessed the garden more now and enjoyed being in the communal areas.

The registered manager understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as changes in management, events that stop the service and authorisations of DoLS. We had received the required notifications from them.

It is a legal requirement for the provider to display their ratings so that people are able to see these and the provider had done this.