

# BEN - Motor and Allied Trades Benevolent Fund Lynwood Home Care

## 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

About the service:

- Lynwood Home Care is a home care service. At the time of the inspection the service was supporting nine people in their own homes.

People's experience of using this service:

- We received positive feedback about the service and the care people received. The service met the characteristics of Good in all areas.
- People received safe care. Medicines were managed safely and there were enough staff to support people and keep them safe.
- People were supported by skilled staff with the right knowledge and training.
- Staff had respectful, caring relationships with people they supported. They respected people's dignity and privacy and promoted their independence.
- People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.
- Effective quality assurance processes were in place to monitor and improve the quality of the service.
- Staff roles and responsibilities were clear and there was a positive, open and empowering culture in the service.

Rating at last inspection:

The rating at the last inspection on 18 October 2016 was good in all areas.

Why we inspected:

This was a planned, comprehensive inspection of the service.

Follow up

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The remained effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The remained caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The remained responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

# Lynwood Home Care

## 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.

Inspection team:

- The inspection team consisted of an 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, in this case services for older people.

Service and service type:

- The service is a domiciliary care agency. It provides personal care to older people with a range of needs, living in their own homes. At the time of the inspection nine people were being supported by the service.
- Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, which is help with tasks including personal hygiene and maintaining adequate nutrition.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We gave the service seven days notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
- Inspection activity started on 18 March 2019 with telephone calls to people who use the service.
- Inspection site visit activity started and was completed on 19 March 2019. We visited the office location to see the registered manager and office staff, and to review care records and policies and procedures.

What we did:

- Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
- During the inspection site visit we spoke with the registered manager and the independent living leader. We also reviewed two people's care plans and medicine records, the provider's overall development plan, the staff rota, staff supervision records, audits, the provider's incident log and the provider's business continuity plan.
- After the inspection we reviewed additional evidence sent to us by the provider including the staff training matrix. We also spoke with two members of care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who received support from Lynwood Home Care told us they felt safe. One person told us, "I feel very safe when the carers hoist me on the chair into the bath."
- Staff had a good understanding of abuse and of actions to take if they suspected someone was being abused. Staff we spoke with understood their responsibilities to keep people safe. One staff member told us, "I would report it straight to my manager – I'd expect them to investigate."
- Staff had completed safeguarding training as part of the provider's mandatory induction and received regular training updates.

Assessing risk, safety monitoring and management

- People were protected from harm as their care plans contained sufficiently detailed, individualised risk assessments. These included the risk of a person falling, of not receiving their medicines on time and the risk of developing a pressure sore. Records showed these plans had been regularly reviewed by staff.
- The provider's business continuity plan contained details about appropriate actions for staff to take in case there was an emergency, such as a loss of power or water.

Staffing and recruitment

- People were supported by sufficient numbers of suitable staff with the right skills and training.
- People told us staff were appropriately trained for their role. One person told us, "The [staff] are professional people that do a good job, they are efficient and hard working."
- The registered manager reviewed people's needs regularly to ensure sufficient numbers of staff were available to support them. This was confirmed in rotas we reviewed for the four weeks before the inspection.
- The registered manager used robust systems and checks when recruiting staff to ensure that they were suitable to provide care and support to people. These were documented in staff's files.

Using medicines safely

- There were safe systems in place to ensure people received their prescribed medicines in a timely way.
- Staff training records showed they had been trained to give medicines and had their competency in this area regularly assessed.

- People's medicines administration records (MARs) contained important details such as their GP's name and contact details and any allergies people had. We saw that people's MARs had been completed correctly and that there were no unexplained gaps.

#### Preventing and controlling infection

- People were protected from the spread of infection by suitably trained staff, who had completed the provider's infection control and prevention mandatory training.
- Staff we spoke with confirmed they used protective equipment such as gloves and aprons when providing care or when assisting people with food preparation.

#### Learning lessons when things go wrong

- Staff understood the duty of candour and records showed they communicated openly when things went wrong or if improvements to care were needed.
- Staff we spoke with told us they took action if things went wrong. One staff member said, "We tend to write everything down...we talk to each other, we have a group chat on the phone...we can change [the situation] so it doesn't happen again."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were thoroughly assessed and documented in their care plans. These were individualised and provided specific guidance for staff about how to support people according to their needs and preferences.
- Assessments were comprehensive and contained details about how staff should support people in areas such as washing and dressing, taking medicines and preparing meals and maintaining good nutrition and hydration.
- The provider's office was based in a large retirement complex with communal areas, where people had bought their own homes. This meant that the registered manager already knew people before they started using the service. This helped staff provide individualised care for people as they had already developed a relationship with them. This was confirmed by staff we spoke with. One staff member said, "I've had the chance of meeting a few people...then having to go in and find out how they have their care done – a [person] we used to see coming down for lunch we now do [their] care...it's nice to know I've seen their face and they've seen us."

Staff support: induction, training, skills and experience

- People were supported by staff who had received comprehensive training. Staff completed the provider's mandatory training which was based on the Care Certificate. The Care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed a two week shadowing period, working with experienced members of staff, before supporting people independently. This ensured staff developed the appropriate skills and knowledge to provide effective care
- Staff were supported with a structured programme of supervision. We reviewed staff files which contained regular supervisions and appraisals. These showed managers continuously reviewed staff progress and supported them to develop skills and competencies relevant to their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given support to prepare meals when needed.
- The registered manager told us staff monitored people's dietary intake to ensure they received adequate nutrition. If staff saw people did not have a sufficiently varied diet, they spoke to the person and their family to provide support and guidance in this area.



Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People were supported to access help from professionals such as GPs, district nurses and occupation therapists.
- Staff referred appropriately to health professionals so people could receive visits in their own homes as needed.

Ensuring consent to care and treatment in line with law and guidance

- 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's care and support plans contained records of consent to different aspects of care and to sharing information with relevant professionals.
- Staff we spoke with had completed training in the Mental Capacity Act (2005) and understood how to apply its principles when providing care and support. One staff member said, "We always ask for their opinion with everything. We have their care plan where they'll sit with the team leader and work through what they want us as the carers to assist them with. We always give them the choice."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us staff were caring. One person said, "The [staff] are very good, very friendly, very kind and very caring." Another person told us, "I have a laugh with the [staff] and I feel they like to see me; they are very friendly and helpful."
- This was confirmed by relatives we spoke with. One relative said, "All of the [staff] are excellent and are kind and caring."
- In written feedback from the provider's quality assurance survey, people's relatives had also commented about staff's caring approach. One relative had stated, '[Relative] is very happy with the care she receives and the staff are very kind and patient to her needs.' Another relative had commented, 'The [staff] have a good rapport with [relatives] and my [relatives] seem to like them.'

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to provide feedback on the care they received.
- Records we reviewed showed people's care was planned in partnership with them and with their family members where appropriate.
- The provider sent out questionnaires to people and their family members to gather feedback on care provided. Results were then collected to generate an overall satisfaction score. The registered manager used this information to plan improvements to the service based on people's feedback.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were upheld by staff who understood the importance of treating people with respect.
- Staff gave us examples of how they promoted people's privacy and independence. One staff member said, "To keep their dignity we keep them covered, keep doors shut and blinds so there's no chance of anyone seeing through windows – always keeping to their choice."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care from staff working at the service.
- Care plans contained highly detailed information. This included people's daily routines which gave staff specific instructions about how people wished to be supported at each stage of their day. This showed staff had taken time to discuss people's needs and preferences in depth to provide care which met people's needs.
- The provider complied with the Accessible Information Standard, which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- The registered manager had plans in place to provide resources to support people living with a sensory impairment including talking newspapers.

Improving care quality in response to complaints or concerns

- People we spoke with told us they felt comfortable approaching staff if they had any concerns. One person said, "I would phone the office if I had any concerns."
- People were provided with formal and informal opportunities to feed back about the care they received.
- The registered manager completed a yearly satisfaction survey to gather people's views on the care and support they received. They also told us any issues were resolved promptly to prevent people receiving care which did not meet their needs. They said, "We resolve things at an early, informal stage – carers feedback, we deal with it straight away." This was confirmed in people's daily care logs. Records showed staff had identified issues and reported them to managers straight away.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life. However, the registered manager told us they worked closely with manager of the provider's residential service when people reached the last stages of their lives to ensure people received the support and care they needed.
- Staff had also previously provided 24 hour support for a person in their own home, during their last days.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager displayed a passion and commitment to providing high quality, individualised care and told us their aim was to ensure the service provided was "the best it can be."
- The registered manager delegated tasks appropriately and was supported by a dedicated team.
- Staff we spoke with shared this commitment to providing highly individualised care which was planned in partnership with people and promoted their independence.
- There was an open culture in the service; people told us they felt the service was organised and that they would recommend the service to others. One person said, "I think the service is well managed; we have not had any problems. New [staff] are introduced to us."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used effective systems to monitor and improve quality and safety within the service.
- The registered manager maintained an up to date service development plan. This included required actions, staff responsible for actions and timescales for completion of actions. Results from audits were incorporated into the development plan to ensure the registered manager had a detailed understanding of required improvements and staff training needs.
- Staff we spoke with told us their roles and responsibilities were made clear to them by the registered manager. One staff member said, "I feel she makes sure that we understand. She often does reviews – a one to one on how we're doing. If we're ever struggling we can go to her. We do monthly meetings so all carers know what we should be doing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, staff and the public were engaged in it as people and their relatives were involved in planning people's care and support.
- Staff at the service developed and maintained community links to help people feel connected to local people and services. The registered manager told us they had a good relationship with a patient liaison service which worked with people to help improve communications between people and healthcare

professionals.

- Staff also organised events and activities such as coffee mornings, cinema afternoons for people's relatives and a choir. The registered manager told us staff ensured people were made aware of the activities on offer on different days.

#### Continuous learning and improving care

- The registered manager kept a record of accidents and incidents and used these to reflect on ways to improve care for people.
- Staff we spoke with told us they learned from accidents and incidents to prevent reoccurrences. One staff member said, "We normally...have a meeting about what happened and work out which ways are best to prevent it – we do the training that's needed to stop it happening again."

#### Working in partnership with others

- Staff worked effectively in partnership with professionals from agencies such as social services to adapt to and support people's changing needs.
- When people required support from professionals such as social workers, staff worked in partnership with people and their families to ensure suitable care arrangements were in place to keep people safe and maintain their quality of life. This included staff contributing to care reviews and increasing care visits to provide extra support as needed.