

Lynncare 2000 Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lynncare 2000 Ltd is a residential care home providing personal care to seven people with learning disabilities at the time of the inspection. The service can support up to eight people.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Environmental risks, medicines administration and individual risk assessments were in place to ensure people were safe. Staff were recruited safely and in line with the provider's policy.

Right Care:

The prevention and control of infection was managed safely. People received personalised care from staff who knew them well and ensured their rights and dignity were promoted and protected. Risk assessments were detailed, and staff understood their role in keeping people safe. Staff received specific training in how to support people with learning disabilities and autistic people.

Right Culture:

Oversight of the home and processes used to monitor the quality and safety of people had improved since the last inspection. The registered manager promoted a positive culture where support and care of people was the highest priority. People showed they were happy with the care they received. The registered manager and staff worked with other professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the site visit and an Expert by Experience made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lynncare 2000 Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Lynncare 2000 Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 March 2023 and ended on 04 April 2023. We visited the location's service on 28 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 1 relative of people living at the home about their experience of the care provided. We spoke with four members of staff including the manager, senior staff, and care workers. We received feedback from the local authority. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records in detail, and multiple medication records. We looked at three staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we found management of risks relating to the environment and individual risk and fire safety needed to improve. At this inspection, these areas had improved, and the risks had been mitigated.
- People's health and wellbeing were assessed with plans in place to reduce the level of risk such as falls.
- The registered manager had ensured areas of the environment had been improved and updated. This included the garden area which was a safe place for people to enjoy.
- The registered manager was able to demonstrate how lessons had been learnt and the actions taken to make improvements since the last inspection.

Using medicines safely

- Medicines were administered and managed safely. People received their medicines as prescribed.
- Staff were trained in the administration of medicines and the registered manager checked they were competent to do this.
- The registered manager had regular meetings with the local pharmacist who carry out regular medicine's audits in the home.

Systems and processes to safeguard people from the risk of abuse

- People were happy and comfortable in the home, and we observed they trusted staff and knew them well.
- A relative said, "I believe [relatives name] to be safe living there because he feels at home after all this time."
- Staff understood their duty to report and concerns and received training in how to recognise abuse.
- The registered manager ensured there was a safeguarding policy and procedures in place and staff were aware of these. The provider worked with the local authority and CQC to report and investigate any safeguarding concerns.

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 MCA 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 when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. The home had seven people with DoLS in place at the time of the inspection.

Staffing and recruitment

- A relative said, "They make sure my [family member] is cared for by staff who know him."
- There were enough staff to meet the needs of people living in the home and ensure they could spend time completing activities of their choice in the community such as attending college.
- Staff were recruited safely and received a full induction. This included asking for references and completing checks with the Disclosure and Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions for people visiting the home.
- A relative said, "The family are always welcomed when we go and feel at home. Staff are friendly and caring."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider had not ensured they had effective systems in place to assess, monitor and continually improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had good oversight of the service. They had systems and processes in place which identified when improvements were needed. This included audits for medicines and care records.
- The management team were clear about their roles and responsibilities. Staff received regular supervision and attended team meetings so learning and quality improvement could be discussed.
- The registered manager understood the requirements for informing CQC about events which affected the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were happy in the home. One person gave a thumbs up gesture when asked if they liked living there. We observed people enjoyed being with staff who knew them well.
- A relative said, "I know the manager quite well. It's quite relaxed. I can always talk to them. I've never had to complain but would just call and talk it through."
- Staff ensured there were communication aids such as symbols and pictures to enable people to communicate and give feedback.
- Care plans were detailed and gave information about people's personal preferences including culture and religion.
- Staff told us they enjoyed working in the home, were well supported. They said improved staffing levels had made it a happier place to work. The registered manager said, "it now feels like we are a team and working together."
- The registered manager said they felt there had been an improvement in team morale and communication. They said, "Staff tell us now if they have any concerns."
- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider knew and understood their legal responsibility to be open and honest when something went wrong. They kept records of accidents, incidents and complaints and used these to make improvements to the home.
- Staff worked in partnership with other professionals including the local GP, nurses, pharmacist and social workers to ensure the best outcomes for people.