

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 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

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home domestic style property. It was registered for the support of up to eight people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were protected from the potential risk of abuse or harm from enough staff who knew how to identify and report any concerns. Staff knew people's risk which had been assessed and reviewed to maintain safe care. People's medicines were safely administered, recorded and stored by competent staff. The environment was kept clean and staff used gloves and aprons to prevent the spread of infections. The registered manager learned from any accidents and incidents, which had been recorded and shared with staff.

People's needs were continually assessed and reflected best practice advice from other health and social care professionals. Staff were trained and supported to care for people at the home. People enjoyed their meals and were involved in menu planning, shopping and cooking. The decoration of the home had been chosen by people and reflected their personalities. 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.

People had lived in their home for many years and had developed friendships and relationships with the staff and management team. Staff were able to recognise people's preferences and routines and when best to offer support and guidance. People spent time in the lounge and conservatory or on their own, in their rooms. Privacy was maintained and people had access to their bedrooms and bathrooms as needed. Staff were considerate of people's independence and knew when people were able to do things on their own.

People's care needs had been recorded and reviewed and reflected their current care and support needs. People and where agreed family had been involved and their views and choices included to meet personal preferences. People had a variety of things to do both in and out of the home. There were many community based opportunities which had been developed and run by the registered manager.

People had contributed to the running of their home, had been listened to in meetings and individual monthly meetings. The suggestions and ideas from both people and staff had been acted on. People's care and support had been monitored as systems and process were in place. The registered manager was part of the team, knew people well and had oversight of people's needs and wishes and advocated for them to try new things and fore fill their life long ambitions.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lynncare 2000 Limited

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 Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

Lynncare 2000 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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

This inspection was unannounced.

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 and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, two directors, senior care workers, two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported from the potential risk of abuse as the registered manager and staff had a good understanding of how to make sure people were safe.
- Staff knew what action to take in they suspected abuse and were clear on how and who to report this to.
- The registered manager understood their responsibility to notify CQQ and the local authority where needed so the correct procedures could be implemented.

Assessing risk, safety monitoring and management

- People's risk to their health and well being had been reviewed and were known by staff.
- Risk assessments were in place to show the safest way to provide care and prevent the risk of injury or harm.
- People who needed specialist aids were in place, such as frames and head protection.

Staffing and recruitment

- People had staff available to them when they needed them. Staffing levels ensured people were able to do the things they wanted or get the support when they needed it.
- The registered manager considered how staff and people personalities would best support people.
- The registered manager processes for recruitment involved a number of safety checks to make sure staff were suitable to work with vulnerable adults.

Using medicines safely

- People received their medicines as needed and there were clear systems in place for safe protocols for the receipt, storage, administration and disposal of medicines.
- The staff trained to administer medicines had their competency checked by senior staff.
- The registered manager had completed audits to make sure no errors had been made and the records had been completed.

Preventing and controlling infection

- People took responsibility to help reduce their chance of infection. Staff supported people to maintain a clean environment.
- The provider completed infection control risk assessments and made regular checks to ensure the home was free from the risk of infection.

Learning lessons when things go wrong

- The registered manager had recorded and reviewed accident and incidents. Action had been taken to reduce the chance of the same incident being repeated, such as removing trip hazards.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 complete needs had been assessed and recorded so they would have the best outcome possible. Professional input from a psychologist and psychiatrist had been considered and incorporated into people's care where needed.
- The registered manager had also sourced best practice guidance relating to care such as medication administration and autism.

Staff support: induction, training, skills and experience

- Staff had access to a number of training courses and the registered manager had identified key subjects which all staff had completed.
- Care staff received support from the management team and had held regular meetings in support of people and the care received.
- When staff started work they completed an induction and worked with experienced members of staff to gain a knowledge of people.

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

- People choose their own meals, set weekly menus, prepared and shopped for the food needed. People also enjoyed meals out and take away.
- The staff supported people to make healthy choices and maintain their nutrition and weight to keep them well.

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

- People regularly saw other health professionals, such as specialist consultants to review their care and medicines.
- People accessed treatment such as dental and optical care within the community.
- Staff made appointments for people and went with them to share information on behalf of the person. This information had been used to understand any health related concerns and access the best course of treatment.

Adapting service, design, decoration to meet people's needs

- People had jointly decided on the decoration for the communal areas and their own bedrooms

- The registered manager had made essential changes to the home which reflected people's needs. This had included a recent new kitchen and new wet room.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's had been asked about their choices, where they were unable to decide on their own, records showed other professionals and family had been involved in the best interest of the person.
- People's liberty had been restricted, and the registered manager confirmed all people had a DoLS authorisation in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 enjoyed living in their home and received care and support from staff who knew them well and took time to socialise with them.
- Staff and people were comfortable with each other and were chatting and laughing together. People were relaxed in the company of staff and happily asked them for guidance or assistance.
- People had celebrated their personal beliefs and staff had ensured people felt able to share these.

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

- People made daily decision about their care and staff knew how each person expressed these.
- Staff were considerate and made sure people had the information they needed so they could remain involved.
- The registered manager promoted a home for people in which they were supported to be fully involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity have time on their own and staff always knocked and waited before entering a person's room.
- Staff spoke with people respectfully, listened to their views and did not take over what people were doing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been planned and records showed their care preferences. People contributed to their care planning every month with assistance from a member of staff.
- People's family views had been listened too and incorporated in a person's care plan.
- Staff told us all this information was used to make sure people got the care they needed and wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs through, pictures, photographs and objects of reference.
- Staff were able to understand people and respond in a way the person understood. Staff used facial expression and look for non verbal signs from people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People maintained contact with family and friends through visiting and telephone calls.
- People were involved in the local community to have the chance to make friends and have things to do. They had developed a weekly community disco for people and special parties for event night such as Halloween and Christmas.
- People had a varied social life, both in and out of the home. These included day centres, days trips, meals out and sporting activities.
- People achieved their lifelong ambitions or were in the process of being planned. One person was looking forward to going to a live football event, which the registered manager was supporting.

Improving care quality in response to complaints or concerns

- People had not raised any complaints relating to their care and treatment. There were process in place so people were able to raise complaints, either face to face or with the aid of an easy read complaint form.
- The registered manager had checked people were happy with their care and if they had wanted any changes. The registered manager was also looking to involve an advocacy service to further promote people to raise any concerns, queries or comments.

End of life care and support

- People had been asked about their end of life wishes, however people had chosen not to discuss these further and no one was in receipt of end of life care.
- In the event of sudden death people's basic needs relating to a person's preference had been recorded. The registered manager was keen to promote people's involvement in this further and was looking at alternative ways to do this.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had received care which was individual to them and staff promoted a home environment where people made decisions and directed their needs.
- People achieved the things they wanted, such as holidays, activities and personal achievements.
- The management and staff ensured people knew they important and were listened to.

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

- The provider welcomed feedback to ensure people received the care they wanted. There were policies in place to make sure people could raise concerns and would receive an apology.

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

- The registered manager and staff understood their role and their responsibilities to people and had met their regulatory requirements.
- The management team used system to monitor the quality of care people received and where needed made adjustments.
- People and their home environment had been assessed for any risk and action had been taken to maintain a safe home.

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

- People had the chance to be involved in their local community celebrations such as Black History Month.
- The registered manager worked with the community so people were known in area and were welcomed by the local shops and public houses.

Continuous learning and improving care

- The registered manager had made changes to improve staff training and were continually making positive changes to further support people's care.
- Students from the local college had worked in the home as part of their work placement. The registered manager told us this also allowed others to make suggestions based on their new learning.

Working in partnership with others

- The registered manager developed key relationships, such as being an ambassador for Skills for care and working with the local authority in promoting social care. This involved using their supported living service as way for parents of people to understand them how the model of care looked like.