

Lynn Care Service 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

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.

About the service

Lynn Care Service Limited is a domiciliary care agency providing personal care and support to people living in their own homes. The service supported a mix of people including people living with a learning disability and older adults who may be living with dementia and/or physical disabilities. At the time of the inspection, the service was supporting 3 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support:

Staff understood what safeguarding was and how to report any concerns. Staff received regular training on safeguarding. Staff were recruited safely, and all relevant background checks were done. 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.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People's personal risks were assessed, and clear information given to staff on how to minimise those risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People received effective care because staff were well and understood people's needs. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. The service had good management oversight supported by effective feedback and management checks.

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

Rating at last inspection

This service was registered with us on 23 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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.

Lynn Care Service 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 January 2023 and ended on 14 February 2023. We visited the location's office on 25 January 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service, 3 relatives, the registered manager and 3 care staff. We looked at 3 people's care records and risk assessments, 2 staff files including recruitment and supervision, quality assurance processes, training records and other documentation that supported the running of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Relatives told us they were confident people were safe with the staff who cared for them. A relative said, "From my perspective I feel elderly people are vulnerable people, for me your elderly parents in the hands of somebody else to look after them is a difficult thing to do. Certainly, I think I feel comfortable, and I feel that my parents are safe in the hands of this service and the staff and that is the most important thing for me."

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

- People were kept safe through effective risk assessing and review.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff knew people well and understood how to keep people safe.
- Risks were regularly reviewed, and risk assessments updated if there were any changes to people's care and support needs.

Staffing and recruitment

- There were enough staff to ensure people's care and support needs were met.
- People received a continuity of care with the same staff visiting them. This meant people were able to build effective working relationships with staff.
- Staff were recruited safely. Staff files showed a range of employment checks including 2 written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). A DBS informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- The provider was actively recruiting new staff to ensure they would be able to meet future referrals care and support needs.

Using medicines safely

- At the time of the inspection, no people were being supported with medicines and relatives completed all medicines tasks.

- Staff had completed training on medicines administration and management. The registered manager told us this was so the service was prepared for any new people who may require support in this area.

Preventing and controlling infection

- Staff told us and relatives confirmed they used Personal Protective Equipment (PPE) when working with people. Staff were able to access PPE when needed.
- Staff were encouraged to be vaccinated against COVID-19 and seasonal flu.
- Staff had received training in infection control.
- The service's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 care and support needs were assessed in line with guidance and the law.
- Following a referral to the service, people received a detailed assessment to make sure the service could meet their care and support needs. A relative said, "She [registered manager] came out and saw my dad and assessed his care needs and we discussed, and that's where the care was put in place."
- People's protected characteristics, such as disability and faith, were fully incorporated into their care plans. This recognised people were individuals and care was tailored to meet those needs.

Staff support: induction, training, skills and experience

- Staff received appropriate and robust support to enable them to provide effective care to people.
- People and relatives felt staff were well trained and knew what they were doing. One relative said, "My [relative] is at home all the time and she can give feedback they [staff] are all well trained and good."
- Staff received a comprehensive induction when they began working at the service. This included training in topics such as safeguarding, mental capacity and medicines. Staff were also introduced to people they would be working with before they began work to ensure people knew who would be visiting them.
- Where new staff had not completed the care certificate, they were supported to do this during their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff could describe how their training and personal development related to the people they supported.
- Staff received regular supervision to support them in their role. The service had not been operating a year and the registered manager told us annual appraisals were planned when staff had been employed for a year.

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

- Where providing support around eating and drinking was an identified care need, this was provided.
- People were supported to eat and drink in line with their cultural preferences and beliefs. For one person the service had arranged for staff to spend time with the person and their family, learning how to prepare food which was culturally appropriate and met a specific dietary need. A relative said, "One of the most important things was the food preparation and the ability for the team to make food was important. There was the adaptability to provide food in the way we wanted it." A person said, "I have special food requirements and they were able to appreciate Indian food as well which my husband has!"
- There was detailed information in people's care plans around their dietary needs as well as likes and

dislikes.

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

- At the time of the inspection, all people using the service were supported to make and attend healthcare appointments by relatives.
- Staff knew people well and were able to recognise if there may be changes in people's health and well-being. Staff knew who to report to in case of any concerns.

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 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care and support was delivered in line with the principles of the MCA.
- At the time of the inspection, all people using the service had capacity.
- Staff empowered people to make their own decisions about their care and support.
- Staff understood the importance of choice and ensuring people had control over decisions in their lives. One staff member told us, "Whenever we have a client, we have to respect them and check their mental capacity. We have to listen to the clients' decision. When we give support, we have to give choice and listen to what they want."
- Staff had received training in the MCA and understood how this impacted on the care they gave people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service met the needs of people using the service, including those with needs related to protected characteristics.
- People and relatives told us how kind and caring staff were. A person said, "Yes, they are [kind] and they are also very respectful. They are lovely, lovely youngsters." A relative commented, "They are really caring and they go out of their way to help us."
- People's needs around culture, language, age and disability were assessed when people began using the service. The service proactively worked with people and relatives to ensure their individual care and support needs were met.
- Staff we spoke with knew people well and were able to explain how they worked with people respecting equality and diversity.

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

- People were fully involved in planning their care. From the initial assessment, care planning process and reviews of care. They told us they were felt the service really listened to what they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. For example, due to cultural or religious preferences.
- Where people had specific needs around the care they received, this was provided. For example, a younger person wanted a younger staff member they could relate to, to support them when they went out. Another person needed a staff member who was able to speak their language as the person had dementia and often used their language when they became confused. A relative said, "I said I preferred a [specific language] care worker as when dad gets confused, he will speak in his own language." The service was able to match staff to people's needs. This meant people had better experiences of their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- People and relatives told us they felt staff supported people to be independent and help them do as much for themselves as was possible. A person said, "I think they are doing well, they are helping me do day-to-day things. The one thing I was very impressed with was they understand what I require and get it ready."
- Staff understood the importance of treating people with dignity and respect. Staff talked about ensuring privacy and dignity when providing personal care, ensuring people were supported in having meals that were culturally appropriate and having good communication with relatives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 plans were personalised and met people's care and support needs.
- People and relatives told us they felt they were in control of planning their care and were able to have open and responsive conversations about their care with the registered manager. A relative commented, "We were impressed with the responsiveness and adaptability [of the care]."
- Care plans documented people's cultural and religious needs and how staff could support these where appropriate. For example, ensuring people were supported with specific cultural food and language.
- People and relatives told us they had copies of their care plans and they provided good information for staff to understand their care and support needs.
- Care plans were regularly reviewed and updated if people's care and support needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed at the time of referral and reviewed regularly.
- The registered manager was knowledgeable about ensuring information was available to people in formats they could understand. This included, not using jargon in care plans and sitting with people to explain things. Where a person needed an easy read and pictorial care plan, this was provided.

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

- Where supporting people with activities was an identified care need this was provided.
- At the time of the inspection, most people using the service were supported by relatives to maintain their social networks.
- For one person the service regularly supported them to go out and take part in activities. A relative said, "They [staff] take him out for leisure services and badminton. They [the staff] are the same age group and they cook dinner together."
- People's care plans clearly documented what they liked and enjoyed and how staff could best support them to take part in activities they enjoyed.

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy and systems in place to effectively address any complaints.
- People and relatives were provided with information on how to complain when they started using the service. A relative said, "They have a formal complaints policy [given to them at them when they started using the service]."
- People and relatives told us they knew how to complain and were confident any concerns would be addressed. Relatives said, "We haven't had to do that [complain], we would have a conversation directly with [the registered manager]" and "I haven't had to complain. I can contact [the registered manager] straight way. She is very approachable and accessible. Even over the weekend I have contacted her if there are any changes, and she always responds."
- At the time of the inspection, there had been no formal complaints made to the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in their work.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- People and relatives were positive about their experience of care provided by the service. Relatives said, "I know they are fairly new, but they are trying really hard, and I hope with time they have a bigger business!" and "Well, yes [I am happy with the service]. I would say, I would willingly give him three more hours if he's [person] free!"
- Staff were positive about the support they received from the registered manager to effectively support people. Staff said, "In every way, [the registered manager] is really supportive I really feel like I have a career here. She provides a lot of training!" and "[Registered manager] is very supportive. If I have any issue or concern, I can discuss with her."
- The registered manager completed regular spot checks on staff to ensure they were providing appropriate care and support to people. As the service was small the registered manager had good management oversight. The registered manager told us there were more detailed auditing processes planned for when the service got bigger.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.

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

- The service regularly sought feedback from people and relatives to monitor the quality of care.
- There were feedback forms sent out to people and relatives. This ensured the registered manager had good oversight of the service and was able to respond to any concerns. For example, ensuring correct food

was provided for a person with a specific dietary condition. The registered manager said, "We talk to staff and make sure they understand so we don't make the same mistake again."

- Where there was positive feedback, the registered manager, and staff, told us this was passed onto them. The registered manager told us, "If its good feedback I pass it to the staff I pass it on to encourage them."
- People and relatives told us there was clear communication with the office. One relative said, "We have a private [social media] group and if there are any issues such as staff sickness there is always clear communication. Helps us keep in touch."
- The service was coming up to a year of operation and the registered manager told us they were planning an annual survey.

Continuous learning and improving care; Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements. For example, implementing a new electronic system to monitor care and support and the overall running of the service. At the time of the inspection, staff were undergoing training on the new system.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager was aware of the new guidance around ensuring staff were trained in working with people living with a learning disability and/or on the autistic spectrum.
- There was an action plan in place around how the registered manager planned to safely grow and develop the service.