Progress Care and Education Limited

Lynbrook

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 carried out an inspection of Lynbrook on 13 and 14 April and 13 May 2016. We gave the service 48 hours' notice of the inspection because it is a small service and we wanted to make sure the people living there and the manager would be in.

Lynbrook provides accommodation and personal care for up to four adults with a severe learning disability and/or autism. At the time of the inspection there were four people living at the service.

Most bedrooms and facilities at the home are located over one floor. However, there is one bedroom on the first floor. There is a kitchen, a lounge and a conservatory which is used as a dining room. All bedrooms are single occupancy and one bedroom is ensuite. A bathroom and appropriate toilet facilities are available. There is a secure garden to the rear of the property.

At the time of our inspection there was a registered manager at the service who had been in post since 2013. 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.

At our last inspection on 20 January 2014, the provider was compliant will all of the standards that were reviewed at the time.

Relatives told us they felt people living at the service received safe care. The staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

We saw evidence that staff had been recruited safely. Relatives and staff were happy with the staffing levels at the service and we found that there were enough staff on duty to meet people's needs. Staff felt well supported. They received an appropriate induction, regular supervision and could access training when they needed it.

There were appropriate policies and procedures in place for managing medicines and relatives were happy with the way people's medicines were managed. People were supported with their healthcare needs and were referred appropriately to a variety of healthcare services. A local healthcare professional who visited the service told us the staff were able to provide good care for people with very complex needs.

The relatives we spoke with were happy with the care provided to people living at the home. One relative told us, "We're happy with the care. The staff are well trained".

We observed that people's needs were responded to in a timely manner and saw evidence that their needs

were reviewed regularly. We saw staff treating people with patience, kindness and affection. Relatives told us the staff who supported their family members were caring. One relative said, "The staff are very caring. I feel [my relative] is well looked after there".

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people lacked the capacity to make decisions about their care. Relatives told us they were involved in decisions about their family member's care. They felt that staff respected people's privacy and dignity and encouraged them to be independent.

Relatives were happy with the food provided at the home and we observed people being supported appropriately with their meals. People took part in a variety of activities within the home and staff supported people to go out into the community regularly.

The registered manager requested feedback about the service from relatives and acted on the feedback received. Relatives and staff felt the service was managed well and they felt able to raise any concerns. We observed staff and the registered manager communicating with people and each other in a polite and respectful manner.

The service had a statement of purpose which focused on providing people with person centred care which reflected their needs and abilities. We saw evidence that this approach was promoted by the registered manager and staff. The registered manager completed a variety of audits which were effective in ensuring that appropriate levels of care and safety were achieved and maintained at the home.

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.

The registered manager completed appropriate checks when recruiting new staff.

Staff received training in safeguarding vulnerable adults from abuse. They were aware of the action to take if they suspected abuse was taking place.

Staffing levels at the service were appropriate to meet people's needs.

People's medicines were managed safely. There were appropriate policies and procedures in place and medicines administration records were completed by staff.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and effective training. People told us staff were able to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed and where appropriate relatives were involved in best interests decisions.

People were supported well with nutrition and hydration and their healthcare needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness and respect. They communicated with people in a light hearted and friendly way.

Staff respected people's privacy and dignity and encouraged them to be independent.

People were supported by staff they knew and who were familiar with their needs.

Is the service responsive?

Good

The service was responsive.

Relatives were involved in planning and reviewing people's care and people's needs were reviewed regularly. Relatives told us they were kept up to date with any changes in people's needs

People were supported to take part in a variety of social activities at the home and staff supported them to visit the community regularly.

The registered manager sought feedback from people's relatives and used the feedback received to develop the service.

Is the service well-led?

Good

The service was well-led.

The service had a statement of purpose that was promoted by the registered manager and the staff, which focused on providing person centred care which reflected people's needs and abilities.

Staff felt well supported by the registered manager and the two deputy managers. The registered manager had an open door policy and staff felt able to contact them when they needed advice or support.

We found that the audits completed by the registered manager were effective in ensuring that appropriate levels of care and safety were maintained.

Lynbrook

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 13 and 14 April 2016, with a further brief visit on 13 May 2016 to confirm that fire safety actions had been completed. We gave the service 48 hours' notice of the inspection because it is a small service and we needed to be sure that the people living there and the manager would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications received from the service and previous inspection reports. We contacted three community healthcare professionals who were involved with the service for their comments, including the district nursing team, the practice nurse at a local GP surgery and a consultant psychiatrist. We received feedback from one of them. We also contacted Lancashire County Council contracts team for information.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider 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 three members of support staff, one of the two deputy managers and the registered manager. Following the inspection we contacted three relatives by telephone for their views about the service. We also contacted an Independent Mental Capacity Advocate (IMCA), who was the statutory advocate for one person living at the home. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, such as where they live and about serious medical treatment options. It was not possible to gain the views of people living at the service as they could not communicate with us verbally.

We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of two of the people who lived at the home. We also looked at service records

including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

The relatives we spoke with told us they felt people living at the service were kept safe. One relative told us "There is always enough staff. They support [my relative] well. [My relative] is well settled at the home".

We looked at staff training and found that all staff had received training in safeguarding vulnerable adults from abuse. Staff confirmed they had completed safeguarding training and understood how to recognise abuse. They were clear about what action to take if they suspected abuse was taking place. One member of staff was not aware that they could raise an alert with the local safeguarding authority directly. We discussed this with the registered manager who told us he would make sure that all staff were aware of this. There was a safeguarding vulnerable adults policy in place which included the contact details for the local safeguarding authority.

We looked at how risks to the health and wellbeing of people living at the service were managed. We found that there were detailed risk assessments in place for each person. Each assessment included information for staff about the nature of the risk and how it should be managed. The number of staff required to manage each risk was also included. Risk assessments were completed by the registered manager or the deputy manager and were reviewed regularly.

Records were kept in relation to accidents and incidents that had taken place at the home. The records were detailed and were signed and dated by staff. Information included the nature of the incident, action taken by staff at the time and any future actions necessary, such as any changes in how staff should support people. Accidents and incidents were reviewed and analysed monthly by the registered manager and follow up actions, such as a referral to the person's GP were documented.

All staff had completed moving and handling training as part of their induction. The registered manager told us that refresher training had not been provided to staff as no-one living at the home required support with this. He assured us that if anyone who came to live at the home required this kind of support, further training would be provided to ensure that staff could meet their needs.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service and found that there were adequate staff in place to meet the needs of the people living at the home. The registered manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home. The relatives we spoke with felt there was always enough staff on duty at the home to keep people safe. During our inspection we observed that there were sufficient staff to meet people's needs and staff had time to support people without rushing them.

The registered manager told us that periods of annual leave or sickness were usually covered by other staff at the home, himself or the deputy managers. Staff from the provider's other services in the local area also occasionally provided support. This helped to ensure that staff were able to meet people's needs.

We looked at whether people's medicines were managed safely. Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. The service used a monitored dosage system for most medicines. This is where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error. A medicines administration policy was available which included information relating to administration, storage and consent. Medicines Administration Records (MARs) provided clear information for staff, including pictures and descriptions of medicines, a photograph of the person and any allergies. Staff had signed the MAR sheets to demonstrate that medication had been administered and had used appropriate codes when medicines had not been administered. MARs were checked daily and a general audit of medicines was completed weekly.

All staff who administered medicines had received medicines management training. However, some training updates were overdue. We discussed this with the registered manager who informed us that the contracted pharmacy for the service was about to change and updated training by the new pharmacy was scheduled for all staff in the next two months. We saw evidence that staff members' competence to administer medicines safely had been assessed and any necessary improvements had been identified. Not all staff members' competence had been assessed in the previous 12 months. We discussed this with the registered manager who informed us that the necessary assessments would be completed as a priority.

We observed a staff member administering medicines and saw that people were given time to take their medicines without being rushed. The staff member sought each person's consent and where they were reluctant, gently encouraged them to take their medicines. Relatives told us they were happy with how people's medicines were managed at the home.

We looked at the arrangements for keeping the service clean. The staff on duty each day were responsible for carrying out all domestic duties. We found the home to be clean and odour free. The relatives and staff we spoke with were happy with levels of hygiene at the home.

Infection control policies and procedures were available, including those relating to effective cleaning systems, hand hygiene and spillages. Liquid soap and paper towels were available in bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection.

We found that environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. Records showed that equipment at the service was safe and had been serviced and portable appliances were tested yearly. Gas and electrical systems and appliances were also serviced and tested regularly. This helped to ensure that people were living in a safe environment.

We saw evidence that all staff had completed fire safety training. However, not all training had been updated in the previous 12 months. We discussed this with the registered manager who provided evidence that all staff were scheduled to complete fire safety training in May and June 2016. Fire drills took place monthly and there was evidence that fire equipment, including extinguishers, were checked weekly. We noted that a fire safety audit had been completed in August 2015 and some identified necessary improvements were still outstanding. We discussed this with the registered manager who arranged for the improvements to be

completed quickly. We carried out a subsequent visit to the home and found that all outstanding improvements had been completed. There were personal emergency evacuation plans in place for each person living at the home. Information about the action to be taken in the event of a fire was kept in the staff information file and was displayed in the staff room. This helped to ensure that people living at the service were kept safe in an emergency.

Good

Is the service effective?

Our findings

The relatives we spoke with were happy with the care provided at Lynbrook. On relative said, "The care is fantastic. We have no complaints".

Records showed that all staff completed a two week induction programme which included training in safeguarding vulnerable adults, the Mental Capacity Act 2005 and understanding challenging behaviour. We noted that from April 2015, new staff completed the Care Certificate over a twelve week period as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us they had received a thorough induction and had been given the opportunity to observe experienced staff and become familiar with people's needs before becoming responsible for providing their care. This helped to ensure that staff had the knowledge and skills to provide people with safe care. There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due.

Staff told us that verbal and written handovers took place between staff a number of times throughout the day and prior to each shift change. We reviewed handover records and noted they included information about people's mood, behaviour, activities and personal care. We observed a handover between staff during our inspection and found that staff knew the people they were supporting well and passed on relevant information. This helped to ensure that all staff were aware of any changes in people's risks or needs. Relatives told us staff updated them regarding any changes in people's needs.

A staff supervision and support policy was available. We saw evidence that staff received regular supervision and an annual appraisal in line with the policy. Staff told us they received regular supervision and they found it useful. They told us they were able to raise any concerns they had during their supervision sessions.

We looked at how the service addressed people's mental capacity. 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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. DoLS authorisations were in place in respect of all four people living at the service. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests. MCA and DoLS policies, procedures and guidance were in place. Staff had a good understanding of the main principles of the legislation. They understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make

decisions about their care when they could and providing the support necessary for people to make decisions.

As part of their induction and on a yearly basis, staff completed Positive Behaviour Support Training, which addressed skills and techniques which could be used to support people living at the home if they displayed behaviour that could challenge the service. The course included guidance for staff on how to support people to become calm and physical interventions to be used as a last resort where there was a risk of harm to the person being supported or to others. Staff told us the training was helpful and they emphasised that physical interventions were only used when all other support techniques had proved ineffective.

We reviewed the records of incidents that had taken place at the home. Records showed that staff adopted a variety of techniques to support people when they were unsettled or agitated, including distraction techniques. We noted that the use of physical intervention was documented clearly and included the reason for the intervention, the range of actions taken by staff prior to the physical intervention and the names of the staff involved. All incident forms had been reviewed and signed by the registered manager. During our inspection we observed staff supporting people sensitively who were unsettled or confused.

We observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We looked at how people living at the service were supported with eating and drinking. We reviewed the home's menus and found that people were offered a choice at meal times. We observed lunch on one occasion and saw that people were supported sensitively. Adapted crockery was used to enable people to be independent. Staff ate their meals with the people living at the service and the atmosphere was relaxed. Staff engaged with the people they supported and each other. People could choose to eat in their rooms if they preferred to. Care records included information about people's dietary preferences and the support that they needed at mealtimes. Information was also available about whether people could be supported by staff in the kitchen to prepare meals and what support was needed. Relatives were happy with the meals provided at the home.

We looked at how people living at Lynbrook were supported with their health. Each person had a healthcare file which included information about their medical conditions and medicines. Care plans and risk assessments included detailed information about people's health needs and how they should be met. We saw evidence of referrals to a variety of healthcare agencies including GPs and speech and language therapy services. Healthcare appointments and visits were documented. This helped to ensure that people were supported appropriately with their health. The relatives we spoke with felt people's health needs were met and told us they were kept up to date with information about healthcare appointments and any changes in people's health.

We received feedback about the service from a local healthcare professional. They told us they found staff to be very knowledgeable and helpful and felt they were able to provide good care for people with very complex needs. They told us staff were pleasant, proactive and respectful to the people they supported. They did not have any concerns about the care and support provided at the home.

Good

Is the service caring?

Our findings

Relatives told us the staff at Lynbrook were caring. One relative said, "The staff are lovely. They're very caring".

We observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful. The atmosphere in the home was relaxed and staff interacted with the people living there in a light hearted and friendly way. We observed staff being affectionate and tactile with people. It was clear that staff knew the people living at the service well, in terms of their needs, risks, personalities and behaviours.

We saw that the people living at the service were relaxed around the staff who supported them. We observed people smiling, laughing and being playful with staff.

During our visits we saw that people living at the home were encouraged and enabled by staff to make choices about their everyday lives. We observed staff discussing with people what they wanted to do each day and where they wanted to go on trips out. Staff were knowledgeable about the decisions people could make for themselves and the support they needed to help them make decisions.

We observed staff supporting people with activities and with their meals and saw that they were patient and supported people sensitively. We noted that people were encouraged to do as much as they could to maintain their independence.

Staff respected people's dignity and privacy. They knocked on people's bedroom doors before entering and explained what they were doing when providing care or support, such as administering medicines. Staff ensured that doors were closed when people were being supported with personal care. Relatives told us they felt the people living at the home were supported sensitively and their dignity and privacy was respected.

The registered manager told us there were no restrictions on when friends and relatives could visit and staff and visitors confirmed this to be the case.

Information about a local advocacy service was available. Advocacy services can be used if people do not have anyone to support them or if they want support and advice from someone other than staff, friends or family members. One of the people living at the service was supported by an Independent Mental Capacity Advocate (IMCA). The IMCA told us they had never had any concerns about the care provided at the home. They told us that staff at the service were very knowledgeable about the person's needs and risks and how to support them effectively. The IMCA told us the atmosphere at the home was welcoming and staff and the registered manager were friendly and always willing to help.

Good

Is the service responsive?

Our findings

The relatives we spoke with told us people's needs were being met at the home. They said, "The staff know [my relative] well and how to support them", "I'm really happy [my relative] is in a place where they are understood and well cared for. We couldn't ask for anything more". One relative was generally happy with the care provided at the home. However, they felt that new staff did not always know how to support their family member.

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that that the service could meet their needs. Relatives told us people's care was discussed with them and they were involved in people's care plans. This helped to ensure that staff were aware of how to meet people's needs.

Each person living at the home was allocated a key worker, which helped to ensure that the care provided was consistent and that staff remained up to date with people's needs.

Care plans and risk assessments were completed by the registered manager and were reviewed every 12 weeks. The care plans and risk assessments we reviewed were detailed, individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Care plans provided detailed information for staff about any behaviours people displayed which could challenge the service and how staff should support the person.

During our inspection we observed that staff provided support to people where and when they needed it. People seemed comfortable and relaxed in the home environment and could move around the home freely. People could choose whether they spent time in their room, the lounge, the conservatory or the garden. With support from staff people decided where they went on trips into the community.

We saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and respond to questions. When people were unsettled or confused staff reassured them sensitively. Interaction between staff and people living at the home was often light hearted and playful. It was clear from our observations that staff knew the people they were supporting well and were familiar with their needs and how best to support them.

Each person living at Lynbrook had a daily activity plan which included information about their routines and interests. People's activities included music, games and puzzles, walks, swimming, art and pottery and shopping. People were also supported to complete domestic tasks and assist with making meals. The planner included daily trips into the community to local parks, cafes, shops, garden centres and a local disco.

During both days of our inspection, all four people living at the service were supported to go out into the community. Staff told us people were supported to go out most days unless they did not want to or there was a problem, such as severe weather conditions. Most of the relatives we spoke with told us people were

supported to go out almost every day and they were happy with the activities available at the home. However, one relative had concerns that their family member was not going out often enough and staff did not encourage them enough to try new things. They told us this was being addressed with the registered manager. One relative told us staff often accompanied them when they took their family member on holiday. They told us this support was very much appreciated.

People's bedrooms had been personalised with pictures, photographs, ornaments and keepsakes. Each person's room was decorated differently with different curtains and bed linen and staff told us that where possible people had been involved in choosing how their room looked.

A complaints and compliments policy was available and included timescales for investigation and providing a response. Contact details for the Care Quality Commission (CQC) were included. We noted that two complaints had been received in the previous 12 months and had been responded to in line with the policy. Neither of the complaints received related to the standard of care being provided at the home.

The relatives we spoke with told us they felt able to raise concerns and they would speak to the staff, the deputy managers or the registered manager if they were unhappy about anything. Relatives also told us they would feel able to make a complaint or raise a concern.

We looked at how the service sought feedback about the care being provided to the people living at the home. The registered manager told us that satisfaction questionnaires were given to relatives yearly to gain their views. We reviewed the questionnaires received from relatives in October 2015 and noted that they expressed a high level of satisfaction with: the quality of care provided at the home, communication, staff understanding of people's needs, how welcome they were made to feel and the standard of the home environment. None of the relatives who had completed the questionnaires expressed any concerns about the service or the care being provided.

We also reviewed the questionnaires received from four community professionals in October 2015. All four professionals expressed a high level of satisfaction with staff communication and professionalism. Professionals were asked to identify the home's strengths and comments included: the person-centred care, the comprehensively holistic approach, the links with health and good communication. No suggestions for improvement had been made.

Good

Is the service well-led?

Our findings

Relatives told us they felt Lynbrook was well managed and the staff and management were approachable. They told us, "The manager and deputies are approachable. You can speak to them about anything" and "The manager and deputy managers are very caring and helpful".

The provider's statement of purpose focused on providing understanding and person-centred support to people based on their individual abilities and needs. We saw evidence during our inspection that the statement of purpose was promoted by the registered manager and the staff at the service.

We noted that the registered manager held monthly meetings with staff at the service. The meetings were used to address issues relating to the care provided at the home, updates about the people living there, activities and any staff issues. We saw that staff were able to add items to the agenda prior to the meeting. The staff we spoke with confirmed that regular staff meetings took place and told us they were able to raise any concerns during the meetings. The staff members we spoke with told us they felt well supported by the registered manager and the deputy managers.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the registered manager or the deputy manager of concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high.

During our inspection we observed that the people living at the home felt able to approach the registered manager directly and he communicated with them in a friendly and caring way. We observed staff approaching the registered manager for advice or assistance and noted that he was supportive and respectful towards them.

We noted that the registered manager audited different aspects of the service regularly. These included checks on infection control, medication administration records, daily records of care, accident and incident records and people's care plans. We saw evidence that the audits being completed were effective in monitoring whether appropriate standards of care and safety were being achieved and maintained at the home.

The registered manager informed us he felt well supported by the service provider. We saw evidence that the provider visited the service regularly to audit the care being provided. This helped to ensure that appropriate standards were being maintained.

Our records showed that the service had submitted statutory notifications to the CQC about people living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law.

The service had a major incident contingency plan in place which provided information about action to be

taken if the service experienced disruption as a result of fire, loss amenities such as gas or electricity, severe weather conditions or a serious outbreak of infection. This helped to ensure that people's needs were met if the service experienced difficulties that could cause disruption.

The registered manager told us the provider planned to make a number of improvements to the service over the next 12 months. Planned improvements included networking with other local providers and ensuring that all staff completed the Care Certificate as part of their training.