

Lynncare 2000 Limited

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Inspection report

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Date of inspection visit:
06 September 2022

Date of publication:
24 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lynncare 2000 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. Some environmental risk, aspects of medicines management and individual risk assessments required improvement to ensure people were safe. Action was taken to address this. Staff were recruited safely and in line with the provider's policy.

Right Care:

The prevention and control; of infection was not always managed safely and the wearing of personal protective equipment needed to be improved. People received personalised care from staff who knew them well and ensured their rights and dignity were promoted and protected. Risk assessments required more detail, but people were safe, and staff understood their role in maintaining this.

Right Culture:

Oversight of the home and processes used to monitor the quality and safety of people needed to be improved however 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

The last rating for this service was good (published 28 December 2019).

Why we inspected

We received concerns in relation to staffing, administration of medicines and the culture of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took immediate action to make improvements to mitigate any risks to people.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to assessing risk to people and the oversight and management of this at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 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

Two inspectors carried out the onsite inspection and an Expert by Experience made phone calls to relatives off site. 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 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lynncare 2000 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 06 September 2022 and ended on 07 September 2022. We visited the location's service on 06 September 2022

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. 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 two people and five relatives of people living at the home about their experience of the care provided. We spoke with four members of staff including the manager, representatives from the provider, senior staff and care workers. We received feedback from the local authority and professionals who visited the home.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some areas of the environment had been poorly maintained. This related specifically to an area of decking leading to the garden area which was rotten and put people and staff at risk of injury. However, when we raised this, immediate action was taken by the provider to rectify the issue.
- Although people had individual personal emergency evacuation plans in place these were not kept in a place which would be easily accessible in the case of an emergency. Staff knew what to do in the event of an emergency which mitigated the level of risk to people.
- Risks associated with people's care were assessed however some of these lacked detail for example where bed rails were in use it was difficult to see how the risk from this was mitigated or how staff should manage this.

Using medicines safely

- The provider did not ensure staff had the key to the medicine's cupboard with them while on duty. During the inspection the key was on the side next to the cupboard. This meant anyone including people living in the home could access the cupboard and medicines which had not been prescribed for them.
- The medicines cupboard contained creams that had not been dated once opened which meant staff could not know if they were safe to use.
- Staff had not always signed the medicines administration sheets to indicate that people had received their medicines. However, this was a small staff team and the medicines were in dosett boxes set up by the pharmacy, so staff knew if someone had not received their medicines and reported this to the registered manager.
- The registered manager took immediate action to rectify the concerns raised and this was completed during the inspection visit.
- Staff completed training in medicines management and their competency to administer medicines safely had been assessed.

Preventing and controlling infection

- We were not fully assured that the provider was using PPE effectively and safely. Staff were not wearing masks when we arrived onsite and only put them on when prompted following a discussion with the registered manager.
- 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 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.
- There were no restrictions on people visiting the home at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had made safeguarding referrals to the local authority's safeguarding team but had not notified CQC of these during the pandemic due to an oversight with their auditing processes which had failed to identify they had not been sent. This has now been rectified.
- We observed staff knew people well and understood they needed the time and space to indicate how they were feeling. Relatives had no concerns about their family members safety. One relative said "They [family member] love it there. When we take them out, I have never had any trouble getting them to go back. They are always telling me about the carers they like."
- Staff had completed safeguarding training and understood what to report and how to do this to ensure people were safe.

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

- We observed that there were enough staff to meet the needs of each person on the day of the inspection. It was clear people knew and liked the staff supporting them.
- The registered manager told us there had been issues with staffing which had meant they and other staff had been covering additional shifts to provide continuity for people. Added to this the funding for the home meant staffing levels did not allow for individual activities and the registered manager was liaising with local authorities to improve this.
- Staff were recruited safely. 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.

Learning lessons when things go wrong

- The registered manager discussed accidents and incidents with staff so learning could take place. The home had a small staff team, so the sharing of information was effective and easy for staff to access.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems and process in place for oversight of the home, but these had failed to identify areas where improvement was required.
- The provider understood the requirement to provide CQC with notifications, but this had not happened during the Covid-19 pandemic. This was due to oversight systems such as audits not being fully used and the registered manager providing significant amounts of cover on the rota to ensure people were safe and well cared for.
- The provider used one staff member to cover at night but the risk assessment for lone working had not been updated and did not include information on what to do in an emergency.
- Audits had not identified gaps in the medication administration record sheets and therefore no action had been taken to identify why the sheets had not been signed. This meant people could be at risk of receiving medicines more than prescribed. In mitigation the home used individual medicines boxes set up for each person by the pharmacy so staff could see if medicines had been missed.
- The provider had not always identified environmental risks or used enough detail in personal risk assessments to ensure people were safe however work was started straight away to rectify this and the provider was committed to providing the best possible care to each person in the home.

We found no evidence that people had been harmed, however service oversight and governance systems were not effective. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged the concerns raised by CQC and has taken action to make immediate improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- People indicated they were happy living in the home by using gestures such as thumbs up to the questions we asked, and we observed this was the case. The registered manager and staff knew people extremely well and were intuitive to the needs of each person which meant they used appropriate communication and de-escalation techniques when needed.
- Relatives stated they thought more activities could be available but understood this was linked to the amount of funding the home received however they were happy with the care provided with one saying "It is

good care and [relative's name] is very happy there."

- Staff told us they enjoyed their work with one saying, "The manager is very approachable and supportive and helps out in any way they can."
- The provider had adapted the level of care provided during the Covid-19 pandemic to ensure they were meeting the needs of people who would have attended activities in the community. They have recognised they needed to improve funding levels to continue to improve the area of individual activities going forward to ensure each person was able to follow a programme suited their personal needs.
- The registered manager and staff engaged with professionals such as social workers and the GP to ensure people accessed support and treatment as they needed it.

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

- People's feedback was collected using pictures and easy read information. Added to this staff knew each person well which meant communication was good, and people raised things naturally as part of daily conversations.
- Relatives said the level of communication could be improved but acknowledged staffing shortages had impacted on this however they had no concerns with the culture of the home. One said, "If there are issues at all the manager will tell me and they do contact us as soon as they can."
- Relative said they had received questionnaires for feedback but didn't receive feedback on how these were used.
- During the inspection the registered manager was open and honest. They acknowledged the inspection findings and had started to take action before we left the home to make sure improvements would be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not fully use the governance systems in place to identify areas for ongoing quality improvement and to ensure people and staff were safe.</p> <p>This was a breach of Regulation 17 (1)(2)(d)(ii)</p>