

Community Housing and Therapy Lilias Gillies House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 8 and 9 January 2015. The visit on 8 January was unannounced and we told the provider we would return on 9 January to complete the inspection. When we last inspected the service in June and July 2014, we found the provider was not ensuring the safety of people using the service, staff did not manage medicines safely and staff did not receive the training they needed to support people. During this inspection, we found the provider had taken action and addressed the concerns we identified.

Community Housing and Therapy is a registered charity providing care and accommodation for people with

severe and enduring mental ill health. The provider described Lilias Gilles House as, “a safe, containing therapeutic community” that offered a “structured, recovery orientated programme.”

Lilias Gillies House is a residential home for up to 20 adults with mental health problems and associated complex needs. At the time of this inspection, seven people were living in the home. Community Housing and Therapy provides the service. The service is run as a therapeutic community providing support in the form of therapeutic groups and meetings aimed at preparing

Summary of findings

people to move on to more independent accommodation. The estimated length of stay is 18 months to three years for their programme of rehabilitation.

The service has been without a registered manager since July 2013 and there was no registered manager at the time of this inspection. 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.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

The provider had arranged for additional staff training since our last inspection. Staff had the training they needed and they were able to tell us about people's individual needs and how they met these in the home.

The provider did not have effective systems for assessing and managing risks to people using the service.

The provider had worked with the local authority safeguarding adults team to improve safeguarding

procedures in the home. Staff understood the provider's safeguarding procedures and they understood the importance of reporting any concerns about the welfare and safety of people using the service.

The provider had improved medicines management in the home. People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

The acting manager and staff communicated effectively to make sure all staff were up to date with each person's care and support needs. Care records reflected people's health and social care needs and staff regularly reviewed each person's care and support. However, the plans we looked at did not always include the views and aspirations of the person and we did not see any clear objectives to show how people were working towards a move on to more independent accommodation.

Summary of findings

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.

People told us they felt safe and the provider had systems in place to protect people using the service.

The provider did not have effective systems for assessing and managing risks to people using the service.

Requires Improvement



Is the service effective?

The service was effective.

People told us they felt well supported by staff who understood their needs.

Staff had completed the training they needed to support people using the service. Following concerns raised following our last inspection, the provider had also arranged for staff to receive training in responding to challenging behaviours and physical intervention.

The acting manager and staff had completed training and understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

Good



Is the service caring?

The service was caring.

People told us they felt well cared for in the service and they were involved in planning the care and support they received.

Staff respected people's privacy and supported them to make choices about how they spent their time.

Good



Is the service responsive?

Some aspects of the service were not responsive.

People were involved in developing and reviewing their care plans. However, the plans we looked at did not always include clear objectives to show how people were working towards a move on to more independent accommodation.

The acting manager and Clinical Director told us they were reviewing the home's care planning systems and updating care plans, but we saw little evidence this work was taking place.

Requires Improvement



Is the service well-led?

Some aspects of the service were not well-led.

Requires Improvement



Summary of findings

The service has been without a registered manager since July 2013. The provider understood the need for a new manager to apply for registration with the Care Quality Commission (CQC).

The provider and acting manager carried out a range of checks and audits to monitor the day to day running of the home.

Lilias Gillies House

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 checked 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 8 and 9 January 2015. The visit on 8 January was unannounced and we told the provider we would return on 9 January to complete the inspection.

The inspection team consisted of an inspector, a pharmacist inspector and a specialist professional advisor who had experience of working in and managing services for people with a mental illness.

Before the inspection, we reviewed the information we held about the service, including the last inspection report and notifications of significant events affecting people using the service the provider had sent us.

During the inspection, we spoke with three of the seven people using the service, five members of staff, the acting manager and the provider's clinical director and chief operating officer. We also reviewed care records for three people and other records, including daily records for all seven people, incident reports, risk management and medicines management records.

Following the inspection we spoke with the local authority's safeguarding adults team, the care managers for two people using the service and a project officer from the local Reablement Team.

Is the service safe?

Our findings

People told us they felt safe in the service. One person commented, "There have been a lot of changes. It feels much safer here now." A second person said, "I used to be worried about some people's behaviour, but all that has stopped now, it's OK."

The provider had systems in place to protect people using the service. At our last inspection in June and July 2014, we found there was insufficient guidance for staff or relevant training provided to enable them to respond appropriately to episodes of challenging behaviour in order to protect people from their own and other people's challenging behaviours.

At this inspection, we found the provider had a safeguarding adults policy and procedures, although these were last reviewed in 2013 and did not refer specifically to the local authority's procedures. The procedures included guidance for staff on identifying possible abuse and reporting any concerns they had about people's welfare. The manager told us all staff completed safeguarding adults training and the staff we spoke with and the training records we looked at confirmed this. The manager also told us the local authority's safeguarding adults coordinator had been invited to attend the team meeting in February 2015 to update the staff team on local procedures.

All of the staff we spoke with were able to tell us the actions they would take if they had concerns about a person using the service. One staff member said, "People here need us to make sure they are safe. If I was worried about anybody's safety I'd report to the manager immediately." A second staff member said, "All the staff have been trained to tell someone if we think someone is being abused. If I couldn't speak to the manager I'd tell her manager immediately." They added, "If I thought nothing was being done I'd use [the provider's] whistle blowing procedure."

At our last inspection of the service, medicines were not being managed safely, which may have placed people at risk of not receiving their medicines as prescribed. At this inspection, we saw that the provider had made improvements. Medicines procedures had been updated and all staff administering medicines had received medicines training. Robust arrangements were in place to order medicines, and we saw that all prescribed medicines

were available and stored securely. Clear and up to date records were kept of medicines received, administered to people, and disposed of, including a record if medicines were refused or not needed.

Each person had a personalised medication risk assessment/care plan and there were personalised protocols to assist people to self-administer their medicines when they were on leave from the service, with assistance from their relatives if necessary. This meant that arrangements were now in place for people to receive their medicines safely when they were away on leave. Weekly medicines audits were being carried out and we saw that action was taken when discrepancies were noted.

There were improved arrangements for medicines with the local GP and local mental health teams, which meant that people now received their essential antipsychotic depot injections locally, instead of travelling out of borough. We saw that for one person, an essential antipsychotic depot injection was overdue. We saw evidence that staff had made regular attempts to prompt the person to have their injection, and when they continued to refuse, staff had contacted the local mental health team to see if the injection could be administered at the service. When we looked at this person's daily notes, we did not see any evidence that staff had been monitoring whether this person's mental health had changed because their depot injection was overdue.

When we looked at medicines records, we saw that people were prescribed a high number of medicines to be given only when needed, or "PRN". Administration protocols giving staff information on when and how to administer these medicines were still not available. The absence of these protocols had led to a medicines incident in December 2014. The service had been provided with conflicting instructions for the administration of one sedating PRN medicine, "Lorazepam tablets 1 mg, two to be taken up to four times a day, maximum of 4 mg in 24 hours". The service told us they had contacted the GP for clarification of the dose, but in the meantime had been administering this medicine above the maximum dose stated on the prescription, either 6mg or 8mg daily. This may have placed this person at risk. This issue was resolved following our inspection.

Although there have been improvements, both the local GP and the local mental health teams have continued to express concerns with certain aspects of medicines

Is the service safe?

management, such as transfer of care and confirming treatment for people placed from out of the borough. People were on complex medication regimes, initiated by prescribers out of the borough, and this had caused problems when care was transferred to the local GP and mental health teams. To address this, the service arranged for the local GP to carry out a medicines review to confirm people's treatment in conjunction with the local mental health team. We saw that this review had been completed for all of the people living at the service, except for one.

The provider ensured there were enough staff to meet people's needs. One person told us, "The staff are very good, they help me when I need it." A second person told us, "There are more staff than there used to be, you can't say there aren't enough staff." A member of staff told us, "There's enough staff. We have increased staffing and there aren't as many clients, so it's made a difference."

The staff rotas we saw showed a minimum of two staff worked in the service each day and there were two waking staff during the night. During the inspection, we saw there were enough staff to support people to take part in activities and group activities in the home and the local community.

The service held information on residents in case files and in individual log books. The log books were updated throughout the day by staff. We saw the information was accurate and detailed but there was no way of identifying how risk informed staff practice. Risk assessments were

located in the client files and were not easy to locate. The log books gave an overview of how each person was, but did not inform practice or support staff to manage individuals who had challenging behaviours.

The provider's clinical director told us there was an on-going review of paper work and that he would be able to help develop more effective risk assessment tools.

Staff recorded incidents and accidents involving people using the service and the manager and the provider reviewed each report. Following our last inspection the provider told us they had reviewed the systems for recording incidents and ensuring staff reported these to the appropriate agencies. The incident forms we looked at gave accurate accounts of the incident with a summary of actions taken and outcomes. We felt that the threshold for completing an incident form was too high and staff would benefit from some training on what constitutes an incident and that this should be reflected in a policy on incident forms.

Staff confirmed they would tell the local authority's safeguarding team or the Care Quality Commission about significant incidents. When we reviewed the information we held about the service before this inspection, we saw the provider was reporting significant incidents appropriately.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and criminal records checks.

Is the service effective?

Our findings

People told us they felt well supported by staff who understood their needs. One person said, “The staff know me and what I can do for myself.” A second person said, “I ask the staff if I need help, they’re very good.”

Staff had completed the training they needed to support people using the service. At our last inspection in June and July 2014, we found people were placed at risk of receiving inappropriate care because staff did not have the necessary knowledge and skills required to support people with mental health needs. During this inspection, we found the provider had arranged for staff to receive the training and support they needed to work with people using the service. The training and staff records showed most staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety and medicines management. Following concerns raised during our last inspection, the provider had also arranged for staff to receive training in responding to challenging behaviours and physical intervention. The provider also told us a member of staff had been trained to deliver this training in the service and other homes run by the provider.

Staff told us they felt well trained to do their jobs. One member of staff told us, “The training is very good. It’s improved and we now get everything we need.” A staff member said, “I’ve been able to do all the training I need.” One member of staff told us about training they had completed to enable them to support a person with diabetes. A specialist nurse had delivered the training and the member of staff described the session as, “brilliant, really helpful.”

The acting manager told us arrangements would be made to make sure new staff had access to training as soon as possible after they were appointed.

Staff files included records of supervision sessions with senior staff in the project. We saw staff had regular supervision with the manager or deputy manager and this gave them an opportunity to discuss their work with clients and their personal development and training needs.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We spoke with the acting manager who understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. People using the service, the acting manager and staff told us there were no restrictions on people’s liberty. We saw the front door was alarmed but not locked and people had the door code that enabled them to come and go as they chose. During the inspection, we saw no examples of staff restricting people’s liberty. The acting manager told us she would apply to the local authority if she felt staff needed to impose any restrictions, but this had not been necessary.

Staff supported people to make decisions about their care and support. Where people were not able to make decisions about aspects of their care and support, the provider acted within the law to make decisions in people’s best interests. We saw information about the Mental Capacity Act 2005 (MCA) was available for staff and training records we saw showed staff had completed training on the MCA and DoLS.

The provider made sure people received a varied and nutritious diet. People told us they enjoyed the food and drinks provided in the service. One person said, “We talk about what we want to eat each day and we help with the shopping and cooking.” A second person told us, “The food’s usually very good, I like it.” During the inspection, we saw people discussed with staff the food they needed for the weekly community lunch. People then went shopping with staff and helped prepare the meal.

The provider arranged for and supported people to access the healthcare services they needed. Care plans included information about people’s physical and mental health needs and guidance for staff on how they should meet these in the service. Care plans showed staff reminded people to attend appointments with their GP and specialist mental health services. Staff recorded people’s health care appointments in their care plans. This showed people received the support they needed to meet their health care needs.

Is the service caring?

Our findings

People told us they felt well cared for in the service. One person said, "It's a good home, I'm happy here." A second person told us, "I think the staff care about what happens to me and they try and help as much as they can."

People were involved in planning the care and support they received. One person said, "I've got a care plan and I talk to my key worker about it. I've been asked if there's anything in it I want to change." Another person told us, "I talk to the staff about my care plan and I sign to say I agree what we've talked about." People signed their care plans and other documents about the care and support they received to show they agreed with the information provided.

During the inspection, we saw staff treated people with kindness and patience. Staff also respected people's dignity and privacy. For example, people told us they had access to their rooms at any time and staff always knocked on their bedroom door before entering. The service had a clear policy for visitors and people told us they understood and agreed with the policy. There were enough staff to support people to attend 1:1 sessions with their key worker, take part in activities and therapy groups.

The acting manager and staff knew people's care needs well. They were able to tell us about significant events and people in each person's life and their individual daily routines and preferences. They told us how they had recently worked with one person, their family and health and social care professionals when the person moved into the home. This person's care plan included care needs assessments and reports from other agencies involved in their care.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in the lounge or kitchen when they wanted to be with other people. Staff offered people choices about aspects of their daily lives throughout the inspection, including choices about what to eat and the activities they took part in.

The provider kept information about people using the service secure. Care planning information and other records were kept in the main office. The office was locked when staff were not using the office. Medicines management records were securely stored in the medicines room.

Is the service responsive?

Our findings

People told us they met with staff to talk about the care and support they received. One person said, “I go to some of the groups and there are things I do away from here as well.” A second person said, “The staff encourage me to take part in groups but sometimes I don’t want to and they understand.”

Where possible, people were involved in making decisions about the care and support they received. One person told us, “I make my own decisions. The staff will tell me if they think I’m making bad choices but it’s up to me.” Another person said, “I can talk to the staff about any problems I have and they will try and help me. It helps to have someone to talk to.” A local authority care manager responsible for one person’s placement in the service told us, “Our client is well supported in the service and we have no current concerns.”

People were involved in developing and reviewing their care plans. The provider assessed each person’s social and health care needs and provided support so they were able to take part in activities they chose, maintain their independence and daily living skills and stay in touch with people who mattered to them. For example, during the inspection, people took part in a baking group and art group, as well as planning, shopping for and preparing a community meal.

However, the plans we looked at did not always include the views and aspirations of the person and we did not see any clear objectives to show how people were working towards a move on to more independent accommodation. The provider told us the average length of stay in the service

was 18 – 36 months. Five of the seven people living in the service when we inspected had lived there for more than 12 months but we did not see any plans to support them to move on. The acting manager and clinical director told us they were reviewing the home’s care planning systems and updating care plans, but we saw little evidence this work was taking place.

During the inspection, we joined a morning meeting with three people using the service and four members of staff. Staff managed the meeting well and made sure each person was given the opportunity to contribute to the discussion. The meeting covered daily activities, meals, therapy groups and visits to the service by potential new clients. Staff made sure people had the information they needed and ensured they gave people the time they needed to take part in the discussion and decision making.

The provider had arrangements in place to enable people to raise concerns or complaints. People told us they knew how to raise concerns. One person said, “I’d tell any of the staff or the manager.” Another person said, “I’d tell my key worker if I had any complaints.”

The provider displayed information about the complaints procedure in the service. Staff told us they dealt with disagreements between people before they escalated to a formal complaint. One member of staff said, “There are disagreements and people get angry, but we know how to distract people before things get too bad.” Another member of staff told us, “I tell people I will support them if they have a complaint, but so far everything has been sorted out before we needed to use the formal procedure.” The acting manager confirmed there had been no formal recorded complaints since our last inspection.

Is the service well-led?

Our findings

The service had been without a registered manager since July 2013. The provider applied to register a manager for the service in 2014, but withdrew the application in November 2014 as the applicant had left the service. During this inspection, the provider's chief operating officer told us they were holding interviews for a new manager and hoped to appoint one in the near future. The provider understood the need for the new manager to apply for registration with the Care Quality Commission (CQC).

People using the service told us they knew who the acting manager was and said they would speak with them if they were worried about the care and support they received. One person told us, "[Acting manager's name] is the manager now. She's good. I can talk to her."

Members of staff said the acting manager was very supportive. One member of staff told us, "[Acting manager's name] is supportive, she understands the work we do and is easy to speak to. She's excellent." A second member of staff said, "I can go to [acting manager's name] if there's anything I need."

There were systems to gather the views of people using the service and others. The acting manager told us the provider had completed a customer satisfaction survey at the end of November 2014. The provider sent surveys to the relatives of people using the service and health and social care professionals involved in people's care. We saw the responses were largely positive and relatives and professionals had made a number of suggestions to improve the service. The provider told us they had taken

action to address some of the issues raised. For example, more staff were provided on each shift, staff had completed additional training and medicines management procedures had been reviewed.

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, we saw examples of good team work where staff supported each other to make sure people using the service received the support they needed. One member of staff said, "It's important we work as a team to support people." Another member of staff said, "I really enjoy my job, I've learnt a lot and I think we really help people and make a difference."

Community Housing and Therapy is a registered charity providing care and accommodation for people with severe and enduring mental ill health. The provider described Liliias Gilles House as, "a safe, containing therapeutic community" that offered a "structured, recovery orientated programme."

The acting manager and provider carried out a range of checks and audits to monitor the service. The acting manager told us she carried out regular audits that covered the physical environment, medicines management, people's care plans, complaints and risk management.

Throughout the inspection, the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, "It can be quite demanding at times but I really enjoy my job." A second staff member said, "It's a good place to work, we're well supported and [the provider] is very good at developing all the staff who work here."