

Ms Dawn Aplin

Lilly House

Inspection report

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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

Lilly House is a residential care home providing personal care and support to four younger adults with learning disabilities and autism. The service can support up to four people in one adapted building.

Lilly House is a family sized property in a residential area which looks similar to other houses on the street. It is located conveniently, a short drive from community resources, a large park and the town.

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

Systems and processes for staff to record incidents, particularly of behaviours that may challenge, needed to be strengthened and embedded. Safeguarding incidents were not always reported properly by staff. Positive behaviour support plans required further development. We have made a recommendation about reporting, recording, follow up and monitoring of safeguarding incidents and behaviours that challenge. Improvements had been made to staff training and deployment. There were sufficient staff on shift who had received training in safe physical intervention.

Some areas of infection prevention and control (IPC) needed improvement, including the effectiveness of checklists to monitor IPC. Staff did not always correctly use and dispose of personal protective equipment (PPE). The manager undertook an immediate review of PPE in order to reach compliance with government guidance. A programme of regular testing for COVID-19 was in place to help keep people and staff safe. Improvements had been made to the monitoring of environmental risk factors. Previously identified risks of scalding had been rectified.

Improvements had been made to some quality assurance and audit processes. Further improvements were required to ensure the manager and provider had effective oversight of all aspects of the service. There was a lack of effective audits in areas including incidents, people's behaviour charts, daily notes and cleaning tasks. The new manager had identified these issues and was implementing improvements. We have made a recommendation about quality assurance processes.

Robust recruitment practises were in place to ensure staff had the right skills and characteristics for their roles. Processes to store, administer and record medicines safely were in place. Staff had received training in safeguarding and knew how to raise concerns if they needed to.

A new manager had recently started who was open and honest about the improvements required. They had already identified the issues we found and had started to implement improvements. Positive feedback was received from staff and relatives about the manager.

Staff and relatives had opportunities to discuss and provide feedback about the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The manager and care staff promoted a positive culture in the service. People had experienced significant change to their usual routines during the pandemic period and people could not pursue many of the activities and learning opportunities they usually enjoyed. Staff were proactive in supporting people with alternative activities and this had led to people's behaviour being calmer and more settled. Staff had supported some people to reduce their prescribed medicines with GP support. Relatives were supported to stay up to date with how their loved ones were getting on, and visits were facilitated as and when this was possible. This helped promote people's choices and independence even during the pandemic period when normal routines were disrupted. Improvements were required to ensure all aspects of people's care was person centred.

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 requires improvement (published 6 October 2020) and there were two breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has not changed following this inspection and remains requires improvement.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. In addition, as part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practice was safe and the service was compliant with IPC measures.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection priorities.

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

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led

Requires Improvement ●

Lilly House

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, as part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practice was safe and the service was compliant with IPC measures.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

A new manager had recently started in the service and their CQC registration was in progress. This meant the service did not have a registered manager in the service at the time of inspection. In this case, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced by telephone shortly before we entered the building. This allowed us to discuss risk factors related to COVID-19 before the inspection commenced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

During the inspection

We spoke with three relatives of people who used the service. We spoke with the provider and five members of staff including the manager and care staff. We used the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care to help us understand the experience of people who could not verbally explain their views to us.

We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and staff supervision. We looked at medication records and recording of incidents and physical intervention. A variety of records relating to the management of the service, including quality assurance processes, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, the staff rota and a selection of audits, policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Staffing and recruitment; Preventing and controlling infection; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure the safety of people being cared for. This was due to a lack of suitable training and deployment of staff, ineffective environmental checks and concerns with disposal of PPE. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems to safely support people who had behaviours that challenged required strengthening. This included consistency in recording incidents on the correct documentation, for example, a behaviour chart, incident form and/or physical intervention log. Further development of positive behaviour support plans was needed to ensure people received consistent and person centred support with any behaviours that challenged. The new manager was aware of the improvements required and had started to implement positive changes.
- Incidents which required referring to the safeguarding team and further investigation were not always reported correctly by staff. This meant there was a risk of appropriate follow up not being taken and people not always being fully protected from the risk of abuse. All staff had received training to recognise abuse and protect people from the risk of abuse but this was not always implemented effectively. The manager took immediate action when this was brought to their attention.
- Lessons were not being learned because information about incidents of distressed behaviour was not being regularly collated and analysed. This meant there was a risk of people not receiving support which was attuned to their needs. The manager was aware of this and in the process of making improvements.
- Staff did not always follow government guidance to use PPE safely. This included some staff wearing face coverings which did not meet approved standards and staff wearing long sleeves which posed risks of cross contamination. PPE was not always disposed of safely, we found an outside bin was overflowing with used PPE. The manager undertook an immediate review of the use and disposal of PPE and rectified these issues promptly.
- Further improvements were required to strengthen infection prevention and control processes. Changes to the daily infection prevention and control checklist were needed to make it fully effective. A deep cleaning rota was due to be introduced to ensure all regular cleaning tasks were being completed and signed off.

These improvements needed to be embedded and sustained.

We recommend effective systems to support consistent reporting, recording, follow up and monitoring of safeguarding incidents and behaviours that challenge, including the use of physical intervention, are implemented.

- Staff, including agency staff, had received appropriate training in physical intervention. This meant they understood when this was required and could deploy their skills safely and appropriately. There were sufficient staffing levels to ensure people safely received the support they required.
- Relatives told us they felt people were safely cared for. Some relatives told us they thought improvements had been made to how well people were cared for and kept safe. One relative told us, "Yes, (relative) is safe. As soon as they moved in staff got trained in how to communicate with them. Their self-harm has reduced a lot because they can communicate now and are not frustrated. Staff have been brilliant."
- Environmental risks were monitored regularly and actioned as required. Previously identified issues with water temperatures had been fixed and a current issue with one shower temperature was being addressed.
- Care files included a range of assessments which identified known risks to individuals and set out how these risks could be reduced. For example, how to safely support someone who showed self-harming behaviour, or who required support to stay safe in the community. Risk assessments were regularly reviewed and updated.
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks including obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.
- All areas of the service were seen to be clean and tidy and a cleaning schedule for high touch areas such as door handles and kitchen appliances was used daily. This reduced the risk of infection spread.
- We were assured the provider was meeting various infection prevention and control measures including preventing visitors from catching and spreading infections, accessing testing for people using the service and staff, promoting safety through the layout and hygiene practices of the premises, having an up to date infection control and COVID-19 management policy.

Using medicines safely

- Processes were in place to ensure medicines were stored, administered and recorded appropriately. For example, medicine administration charts (MAR) were completed accurately and when information was handwritten on a MAR it was double signed to ensure accuracy.
- People received the right support to take their medicines as prescribed. Care plans outlined how people preferred to receive their medicines.
- Protocols were in place to provide guidance to staff on how and when to administer medicines to be taken, 'as and when required'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure quality assurance processes were in place in all areas of the service, which meant they were unable to demonstrate effective management oversight. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Although improvements had been made in some audits, some of the systems and processes to monitor the effectiveness of the service required strengthening and embedding. This included regular management audits of incidents, people's behaviour charts, daily notes and cleaning tasks. The new manager had already identified these issues in their own manager audit. They were in the process of introducing new audits and were also improving existing processes.

We recommend the provider implements effective quality assurance and audit processes to ensure good governance of all aspects of the service.

- Since the last inspection improvements had been made in a variety of audit processes. Medicines audits took place weekly and included follow up actions needed. We saw recording of handovers had improved and this was confirmed by staff feedback. A process to ensure effective oversight of cleaning tasks was being introduced. These needed to be sustained over time.

- At the last inspection we found people did not have Mental Capacity Assessments in their care files. This meant we could not be assured people were being supported appropriately when they required others to make decisions for them in some areas of their lives. For example, whether it was in their best interests to have regular tests for COVID-19. We saw this had been rectified and documentation showed relatives and professionals had been properly consulted in the process.

- The manager had been in post for a short time and was committed to making and driving improvements to the service. The manager was transparent and honest during the inspection process and responded immediately to issues brought to their attention.

- A number of new staff had recently started and the service were reducing their use of regular agency staff. Combined with a new manager, a lot of recent changes had occurred. Staff told us they felt positive about working in the service. Monthly supervisions were taking place to support the staff team whilst improvements were being implemented and embedded.

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

- Feedback surveys were regularly sent to relatives to seek their views on the service people received. During the pandemic period when they were unable to visit regularly, relatives were frequently in touch with the service by telephone and felt they were kept up to date of what was going on.
- Staff meetings usually took place regularly, but some changes had been needed during the pandemic period. Staff felt well supported through supervision sessions and an appraisal process was in place. This meant staff had opportunities, formal and informal, to discuss their role and work issues with management and their colleagues.

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

- Staff felt the new manager was supportive and approachable. One staff member told us, "Since the new manager arrived the energy has improved in the home. I feel happy and positive about (new manager)."
- Recently recruited members of staff felt supported and included in the team, which helped to create a positive culture for people living in the service. One staff member told us, "If I have any questions I can ask, the team lead and manager are very good. After every few shifts the manager would have chat with me and ask how I was finding it. They are very supportive."
- Care plans contained up to date person centred information about people and their preferences. Staff knew people living in the service well. One relative told us staff had been proactive and creative during the periods of lockdown. This helped keep their relative occupied and engaged when they were unable to do their usual activities.

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; Working in partnership with others

- The service were aware of their responsibilities under the duty of candour.
- The manager was open and transparent about the improvements which needed to be made, and committed to achieving these.
- The service worked with other health and social care professionals during their recent outbreak of COVID-19 including Public Health England. People's care plans included information about professionals involved in each person's care including GPs, social workers, advocates and transition workers when people moved from children's services to adult social care. The service worked in partnership with health and social care colleagues involved in people's care.