

Community Housing and Therapy

Lilias Gillies House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lilias Gillies House is a residential service providing accommodation and therapeutic support to people with mental health needs. The service is registered to support up to 20 people in one adapted building. At the time of our inspection there were 13 people living in the service.

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

People felt safe and well supported. The provider assessed and managed people's risks. Staff were recruited using procedures to ensure they were safe and suitable to provide care and support. The care home environment was clean and safe and the registered manager ensured health and fire safety checks were carried out regularly. Medicines were stored appropriately and recorded accurately. Lessons were learnt and improvements were made when things went wrong.

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.

The service was well led. People and staff expressed confidence in the registered manager who had implemented changes leading to improvements. There was an open culture at the service and people felt empowered. People told us staff helped build their confidence and promoted their independence. Quality assurance systems and processes were in place to monitor and drive improvement. The service worked in partnership with others to meet people's needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 April 2021). 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.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lilias Gillies House

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

This inspection was carried out by one inspector.

Service and service type

Lilias Gillies House 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. Lilias Gillies House 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 that 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.

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 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 with four people, four staff and the registered manager. We reviewed four care plans and risk assessments and the records for three staff. We reviewed medicines storage and medicines records and we checked the care home environment. We also reviewed the provider's quality assurance and improvement processes.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the number of tablets in stock did not match what was recorded and the provider had not fully considered how to support people safely if they missed doses of their medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received their medicines safely and told us they were happy with the way staff administered medicines. One person told us, "Staff give me my medicine and tell me what it's for. If I don't have my medicine I can relapse and the staff have helped me to see that."
- Staff had clear guidance in care records and procedures on the actions they should take if people missed or refused medicines.
- One member of staff was assigned the role of medicines officer each day. Their role was to check that medicines administration records [MARs] were signed and the stocks of medicines were correct. We checked medicines stocks against medicines administration records and found they balanced. This meant the monitoring measures introduced at the service confirmed people were receiving their medicines as prescribed.
- Where people administered their own medicines this was risk assessed and monitored by staff. One person told us, "I self medicate. It took seven months to build up to that. Staff trust me and just as importantly I am able to trust myself. Staff do checks with me every day and they sign off."
- The registered manager and staff worked in partnership with healthcare professionals to review people's medicines and the service's medicines practices.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe around the staff. They are nice to me all the time and help me in every way." Another person said, "I have a safety net around me 24 hours a day and it's helped my anxiety."
- People were protected from abuse because staff were trained to recognise and report abuse.

Assessing risk, safety monitoring and management

- People were kept safe from avoidable harm. The registered manager and staff worked in partnership with people and mental healthcare specialists to identify, assess and mitigate a range of risks.
- Staff encouraged people to talk about their emotional and mental well-being. One person told us, "I might have a bad couple of weeks and feel low but I don't ever feel unsafe with myself because the staff tell me it's ok to feel." Another person told us, "I can say when I'm worried. I've never felt like that."

- People's risk assessments were detailed and regularly reviewed. Risk assessments included clear guidance for staff on the actions they should take when indicators of increased risk were observed.
- The environment of the care home was safe. Staff regularly undertook health and safety checks throughout the building.
- Staff regularly checked the service's fire alarm systems and people were supported to participate in fire evacuation drills. We observed fire exits were sign posted and unobstructed. This meant people could safely leave the building in the event of an emergency. Personal emergency evacuation plans detailed the support people required to leave the building.

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

Staffing and recruitment

- People were supported by staff who had been recruited safely.
- Prior to employing staff the provider interviewed candidates, checked their applications and employment histories and confirmed their identities. The provider also carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were deployed at all times to ensure people's needs were met safely.

Preventing and controlling infection

- People were protected from the risk and spread of infection because the environment of the home was clean and appropriate infection prevention and control practices were followed.
- People were supported to participate in keeping the service clean. One person told us, "Hygiene is good here. We take on specific tasks each day like hoovering or wiping down the door handles and banisters."
- The provider's infection prevention and control policy was up-to-date.
- Staff wore personal protective equipment such as masks and gloves as required by published guidance.
- The service had plans in place to support people safely in the event of an infection outbreak.
- People and staff followed a regular infection testing programme.
- Staff received training in infection prevention and control and food safety to protect people against risks related to food storage and preparation.

Learning lessons when things go wrong

- The registered manager and senior staff reviewed incidents and ensured learning was shared throughout the staff team.
- Following incidents people were encouraged to write about what occurred and discuss it in a reflective practice session with a therapist. This meant people and staff were able to learn from incidents. People's care records were updated to reflect the changing needs identified during the reflective process.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the governance system was not robust enough to ensure continuous improvement of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of regulation 17.

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

- The registered manager and senior staff had improved the quality assurance processes at the service since our last inspection. A range of audits and reviews had been introduced to monitor and improve the quality of care and support people received. Where audits identified shortfalls action plans were created. These identified what was to be done, by when and by whom. The registered manager confirmed actions had been satisfactorily completed.
- In addition to internal audits, checks were undertaken by senior staff from the provider's other services. This meant there was external scrutiny of quality at the service.
- Staff were clear about their roles and the management structure at the service. Staff told us that the leadership at the service comprised the registered manager, lead psychologist and senior staff. Staff understood the roles of these leaders.
- Staff used a shift leading system. Shift leaders were members of staff with specific responsibilities each day. These included ensuring people were supported in line with the care plans.
- Team meetings and clinical meetings were used to share information about people's changing needs and improvements to people's care and support.

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

- People and staff spoke positively about the registered manager. One person told us, "He takes time out of his day to come and talk with me. One to one chats mean a lot." Another person said, "He is very supportive...He has helped me a lot with my confidence."
- A positive and inclusive culture was promoted at the service. People elected two senior residents to represent them in a range of areas including interviewing prospective staff, planning staff training and meeting senior managers from the provider organisation. This meant people were empowered.
- People were further empowered by the service's therapeutic approach to recovery. This emphasised talking through issues and mutual support. One person told us, "Therapy can be really hard work. You talk about hard things and accountability is always on the agenda. But it builds confidence and trust. And after a

while it feels good to talk."

- People participated in planning how care and support was provided. This included planning activities and food items on the menu.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to share information about important events at the service with people and external professionals.
- The registered manager forwarded notifications to CQC in a timely manner.
- Where actions were required to drive improvements, the provider provided action plans and ensured the actions were satisfactorily completed.

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

- People told us staff promoted their independence and their involvement in how the service was provided. One person said, "I have never been independent, but I am on my way with their help."
- People were involved in how the service was provided. The service followed a community model in which people and staff worked in partnership to meet needs and drive improvements. For example, people and staff attended a number of training sessions together. These included infection control, fire safety and first aid.
- Staff assessed people's cultural needs to ensure their care and support was provided in line with their preferences.

Continuous learning and improving care; Working in partnership with others

- The service had a therapeutic focus and people were encouraged to actively participate in their recovery programmes. For example, activities such as journaling were encouraged to promote the practice of reflection. Reflective skills enabled people to benefit from reviews, group sessions and debriefing meetings following incidents.
- The service promoted a learning environment for people and staff. External professionals attended the service to lead talking therapy sessions and training was available for people and staff to attend.
- The service worked in partnership with a range of organisations to meet people's needs. These included mental health professionals, social workers and the universities and colleges some people attended.