

## Adiemus Care Limited

# Lily House

### Inspection report

Lynn Road  
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#### Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



#### Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 April 2015. After that inspection we received concerns in relation to the safety and quality of people's care. As a result we undertook a focused unannounced inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Lily House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Lily House is registered to provide accommodation and personal care for up to 44 people, some of whom live with dementia. Nursing care is not directly provided as

this is provided by the community nursing services. The home is situated in a residential area on the outskirts of the city of Ely. At the time of our inspection there were 37 people living at the home.

A registered manager was in post at the time of our visit. She had been in post since 30 September 2014 and on 8 September 2015 we made the decision to register her. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We received concerns that there were insufficient numbers of staff to meet people's individual needs. During our inspection people were supported by a sufficient number of staff to enable people to take their medicines at the prescribed times. In addition, since our last inspection staffing numbers had increased and this enabled staff to supervise and observe people who were at risk of falls. This had reduced the number of incidents that required people to receive medical attention as a result of falling.

We received concerns that people did not live in a clean home and were at risk of acquiring preventable infections. During our inspection the home was clean and there were infection control procedures in place that staff followed. In addition, improvements had been made in relation to the standard of the cleanliness and storage and handling of food in the kitchen.

Before the inspection we received concerns that people were not receiving care to reduce their risk of getting infections and that they were not given enough to eat and drink. People were supported to eat and drink sufficient amounts and records of these were monitored each day. Actions were taken to reduce the risk of people getting infections due to them taking sufficient quantities

of drink. People's weights were closely monitored and action was taken in response to people's unintentional weight loss. This included the provision of fortified foods and referrals were made to a community nutritionist/dietician for their advice.

We received concerns that people's mental health needs were not being met and this was due to lack of staff training and awareness of how to care for people living with dementia. Arrangements were in place for staff to attend training in dementia care. Staff were knowledgeable in how to manage people's behaviours that challenged. The improvements had made people settled and they had gained benefits to their physical and emotional well-being.

Before our inspection we received concerns that people's rights to privacy and dignity were not consistently respected. During our inspection people were being looked after in a respectful way by members of staff who were patient and kind. People also had their personal care provided behind closed doors.

We received concerns that the morale of staff was low and this was in relation to the lack of supervision and support of the team of staff. Improvements had been made to supervise and manage staff who were now aware of their roles and responsibilities and who worked as a team. In addition, the provider had carried out an improved system to monitor and take action to improve the quality and safety of people's care.

# 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 safe.

People were looked after by sufficient number of staff and were supported to take their medicines at the prescribed time.

Measures were in place which reduced people's risk of falls and injury.

People lived in a clean and hygienic home.

Good



### Is the service effective?

The service was effective.

We found that action had been taken to improve the effectiveness of the service.

People were supported to take sufficient amounts of food and drink and their weights were closely monitored.

People's physical and mental health needs were met by knowledgeable staff who worked in a consistent way.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires improvement



### Is the service caring?

The service was caring.

People's rights to dignity and privacy were respected by kind and attentive staff.

Good



### Is the service responsive?

The service was responsive.

We found that action had been taken to improve the responsiveness of the service.

People's mental health needs were met by staff who knew people's individual needs.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was well-led.

We found that action had been taken to improve the management of the service.

Staff were supported and people were safer due to improved management systems.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

**Requires improvement**



# Lily House

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Lily House on 9 September 2015. This inspection was undertaken to check that people were safe and that they had the care that met their individual needs.

The inspection team inspected the service against the five questions we ask about services: is the service safe; is the service effective; is the service caring; is the service responsive and is the service well-led. This is because of concerns we had received since the unannounced comprehensive inspection which we undertook on 21 April 2015.

The inspection was undertaken by one inspector. Before the inspection we looked at all of the information that we

held about the home. This included information from members of staff, community health and social care agencies and information from the provider. We also looked at information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with seven people and a visiting health care professional. We also spoke with the registered manager, the deputy manager, two senior members of care staff, two members of catering staff, a member of care staff and a member of domestic staff. We looked at records in relation to the management of staff and management of the service. We observed people's care to assist us in our understanding of the quality of care people received.

# Is the service safe?

## Our findings

Before our inspection we received concerns that there were not sufficient numbers of staff to meet people's needs.

People told us that they had their medicines given to them at the time they should. One person said, "I get my medicines every morning and there's never any delay." Another person said, "I get medicines three times a day and it (time of when they have it) doesn't get changed." A member of senior care staff said, "Today's medication round went okay today. There were no delays and everything was fine."

One person said, "We see enough staff, day and night." We saw that staff looked after people in an unhurried way and spent time listening to and talking with them. People were provided with one-to-one support from staff, which included one-to-one support with their eating and drinking, as there were sufficient numbers of staff to provide this level of assistance.

Members of care staff said that there were improvements in the staffing numbers. This was as a result of recruitment of staff to fill staff vacancies and to increase overall the staffing numbers. One senior member of care staff said, "There was a lot of strain on us [staff] because we were short staffed." They told us that agency staff were used and they had become part of the team. They said, "The agency staff that are coming in have been coming for quite a while and they are like one of us [permanent staff] now." They also told us that the newly recruited staff were "really, really good." A member of domestic staff said, "Work has improved as we are getting more staff and there is now more team effort."

Members of care staff believed that increased staffing levels had improved the level of staff morale. Staff said, because of the improvement, it had a positive outcome for people's sense of well-being and had increased their level of confidence. One person, for example, slept in their bed, rather than in their chair. A member of care staff said, "It was nice to see [name of person] in their bed for the first time for a long time." The person said, "I've had a good sleep. I went to bed and I did this with my own free will." A visiting health care professional told us that they believed the person had gained confidence due to the stability of the team of staff; the person had improved their decision-making processes and was more freely able to

communicate with staff. They told us that, due to the person's improved level of confidence with staff that they knew, they were now asking staff to support them with their personal care. They said, "Clearly this is because [name of person] feels more reassured. Perhaps it is due to continuity of staff she feels more secure."

During July 2015 we received a number of notifications from the registered manager. The information written in the notifications told us that when some of the people fell they required medical attention. During August 2015 and September 2015, the number of recorded accidents and incidents had fallen. Members of staff and the registered manager told us that this was due to the action taken to monitor people more closely. This was by means of alarmed mats and an increased number of staff available. One member of senior care staff said, "There is extra cover (staff) on the dementia unit. When a member of staff has to go upstairs (to the other area of the home) another member of staff comes down." A visiting health care professional said, "In the recent weeks, staffing has been much better and staff are much more visible."

Before our inspection we received concerns from health and social care professionals that people lived in an unclean home and that there were inadequate supplies of hand washing and hand drying products. A health care professional described the home as "generally clean" when they visited. During our inspection we found the home was clean and that there were hand washing and hand drying products throughout the home. The provider's infection control audits demonstrated that staff were knowledgeable about infection control procedures and had applied these into practice. A member of domestic staff described to us about the cleaning procedures in the home, the cleaning agents they used and said that they had a cleaning schedule which they followed each day. They also told us that improvements were made to the standard of cleanliness of the floors as they had changed the way that these were washed.

In April 2015 the cleanliness of the kitchen and management of the food was inspected by an environmental health officer (EHO). The EHO found that the provider was required to take significant action to improve the high number of concerns that they found. In August

## Is the service safe?

2015 the EHO carried out their follow up inspection and found that the required improvements had been made and awarded the highest rating possible (five stars) for the standard of cleanliness and food hygiene.

# Is the service effective?

## Our findings

Before the inspection we received concerns that people were at risk of malnutrition and dehydration as they were not being supported to eat and drink.

One person said that they “definitely” had enough to eat and drink. Another person also told us that they had enough to eat and drink. Staff offered people drinks throughout our visit and people had drinks of juice in easy reach. Menus demonstrated that there was a choice of options for people to choose from. One person said, “If you don’t like what is on the menu, you can have something else.” People were offered choices from the menus, which included a cooked breakfast, and were offered second helpings for lunch. Staff supported people to eat and drink when they were unable to do this for themselves.

People’s weights were recorded and the frequency of this undertaking was based on their nutritional risk. Records demonstrated that measures were in place for people who had unintentional weight loss and also people who had special dietary needs. Measures included referral to a GP, speech and language therapist - for their advice on people’s difficulty with swallowing their food and drink - and a nutritionist/dietician. Catering staff also told us that food was fortified and milk shakes were provided to supplement people’s dietary intake. Staff recorded the quantities of what people drank and ate. The records, with people’s weight charts, were reviewed by senior staff during a daily meeting with the person in charge of the home. Action was taken if concerns were identified, which

included providing nutritional supplements. A visiting health care professional told us that they had no concerns regarding how people were supported to maintain their nutritional health.

Before the inspection we received concerns that staff were unable to consistently meet the needs of people living with dementia and how to manage people who had behaviours that challenged.

A visiting health care professional told us that the level of knowledge of staff in dementia care was “improving.” We saw that staff communicated with people living with dementia in a way that they understood. This included staff showing people the choices of drinks for them to make their decision from a visual presentation. Spoken information was presented in short sentences for people to understand and information was repeated to prompt people’s memories.

Members of care staff were knowledgeable and trained in dementia awareness and were able to describe the strategies they used to divert a person’s focus on wanting to leave the home to an alternative interest. The strategies used were effective and we saw that the person was settled and laughed and smiled when they talked with us. Staff also engaged with people’s sense of reality and maintained the person’s sense of identity, or ‘personhood’. This included, for example, when a person told the member of care staff of when they believed they had changed their clothes. The member of care staff did not correct the person’s belief or perception.



# Is the service caring?

## Our findings

Before the inspection we received concerns that people's dignity and privacy were not always respected.

People said that they were treated well. One person said, "I have creams put on my skin. I am on my own with nobody else but the person [care staff] who is putting it on." They told us that when they had their creams applied, this was carried out behind closed doors. Another person also told us that staff applied their prescribed creams in private. We saw that people were supported with their personal care behind closed doors.

A visiting health care professional told us that they had seen an improvement in the quality of how staff looked after people. They said, "Staff are allowing a person to talk and they are more patient to listen to the person. Generally there is more kindness (shown by staff)."

We saw staff were patient and attentive when they looked after people. We saw a member of staff offer a person, who was not eating their lunch, an alternative choice of where they would like to sit. In addition, the member of staff sat with and patiently encouraged the person to independently eat their meal, which they did. We also saw other examples of how staff interacted with people and they were patient and listened to what they were saying. We saw that, for example, staff immediately responded to a person's request to have a mid-morning cooked breakfast.

# Is the service responsive?

## Our findings

Before the inspection we received concerns that staff were unable to consistently respond to the needs of people living with dementia and how to manage people who had behaviours that challenged.

One person, who was living with dementia, had a history of becoming unsettled. The person said, “I’m happy here.” We saw that they were settled and enjoyed talking about their family members and the gardening activities that they had taken part in. A member of care staff said, “I did the gardening with [name of person] last week. We did the borders and he held and used the (gardening) rake.”

A senior member of care described the tactics they used when the person had become unsettled. They said, “[Name of person] is fine now. When he wanted to leave the home we just talked to him and looked at pictures on his wall with him and spending time with him.” They told us that this had helped to person to become settled.

A visiting health care professional told us that they had observed an improvement in the way people’s physical and mental health needs were met. This included an improved understanding from members of staff in caring for people living with dementia.

People told us that they were satisfied with how staff met their needs and that staff knew them as an individual. One person said, “They [staff] know me and I know them.” We saw that staff respected people’s their choices and decisions about how they wanted to be looked after, which included the time they wanted to get up and what they liked to eat and drink.

A member of senior care staff told us that the keyworker system was in the process of being re-introduced. They said that this had enabled staff members to spend one-to-one time with people, which included recreational activities, and time to get to know them as a person.

# Is the service well-led?

## Our findings

Before our inspection we received concerns about the management of the home.

Since our last inspection, the provider has taken action to increase the level of support for the registered manager and systems have been introduced to improve the management of the home.

People were able to describe who the registered manager was and they and staff members said that they had seen her walking around the home. One person said, “She’s nice.” Members of staff told us that there had been a change in the registered manager’s leadership style and this was positive. A senior member of care staff said, “It feels more structured.” They told us that staff were made aware of their roles and responsibilities. A visiting health care professional said, “The staff seem to be more focussed, knowing what their role is and the team is more united and there is more of a work plan in place.”

Each morning senior staff attended a 10 minute meeting with the person in charge of the home. Members of staff told us that this was to review people’s care needs and any actions that needed to be taken. A senior member of care

staff said, “If anyone needs to see a doctor, we discuss it and take action. The meetings have improved communication. We also now have staff meetings. It is a two-way process. It feels a lot nicer that we have that relationship with the [registered] manager.” Minutes of staff meetings showed that staff were reminded and supported to carry out their roles and responsibilities to an expected standard. This included maintaining accurate records, following infection control procedures and to attend required training.

In July 2015 a representative for the provider visited the home and carried out an audit. Where deficits were found, the registered manager developed an action plan. Following the July 2015 audit we received an increased level of concerns about the safety and quality of people’s care. The action plan was developed further and was kept under weekly review by the registered manager and representatives of the provider. The updated action plans demonstrated that progress was being made to improve the safety and quality of people’s care. This included stronger management of staff to improve their attendance at required training, the reduction of numbers of people falling that required medical attention and the standard of cleanliness and hygiene of the home.