Progressive Care (Derbyshire) Limited

Lilybank Hamlet Care Home

Inspection report

Lilybank Hamlet
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Lilybank Hamlet Care Home is a residential care home providing personal care to up to 63 people. The service provides support to people with dementia, older people and people with a learning disability. At the time of our inspection there were 32 people using the service.

The home is set over 3 floors with a lounge, dining room and conservatory on the ground floor and further communal spaces to the second floor. There was a mixture of ensuite and shared bathroom facilities and there was access to outdoor space.

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 Care: Identified risks to people's safety were not always mitigated to keep people safe from avoidable harm. Governance systems were not effective in monitoring risks to the health, safety and welfare of people using the service.

Systems and processes were not effective in maintaining and inspecting equipment accessories used to lift people. Medicines were not always managed safely; medicine protocols were not always in place for the administration of when required medicines. Fire safety actions were not completed, fire procedures were not updated, evacuations were not reviewed with actions to improve, and staff had not been trained in the use of fire equipment.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Family members felt that their relatives were safe at the service. Appropriate checks were carried out when recruiting new staff to support people. People could take part in activities and were supported to access their community.

Right Culture: The service had recently gone through several changes, including a change of leadership. More time will be required to assess whether the leadership in place ensures people have inclusive and empowered lives. People felt able to raise concerns and felt that the management team were approachable.

Right Support: Staff had received training to support people with a learning disability. The provider recently closed a small home at the location and supported peoples transition into other placements or into the main home. The provider had worked with other agencies to coordinate and plan the transitions for people.

People were supported to have maximum possible 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 did not always demonstrate how they were meeting the principles of right support, right care, right culture.
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 17 March 2023).
At our last inspection we found breaches of the regulations in relation to safe care and treatment and governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found the provider remained in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 06 June 2023. Breaches of legal requirements were found in relation to safe care and treatment and good governance.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lilybank Hamlet Care Home on our website at www.cqc.org.uk.

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.

Enforcement
We have identified continued breaches in relation to health and safety, fire safety, governance and medicines management.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Lilybank Hamlet Care Home

Detailed findings

Background to this inspection

Inspection team
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
The inspection was completed by 2 inspectors and an Expert by Experience. 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
Lilybank Hamlet Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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 no registered manager in post, however a new home manager told us they intended to submit an application to register as the manager.

Notice of inspection
This inspection was unannounced.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
Inspection activity started on 06 June 2023 and ended on 15 June 2023. We visited the service location on 06 June 2023. We spoke with 5 people who used the service and 9 relatives about their experience of the care provided. We spoke with 5 members of staff including a manager, senior care worker and care workers.

We reviewed a range of records. This included care records for 4 people and multiple medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Inadequate

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 we have rated this key question inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to ensure care and treatment was being provided in a safe way for people. 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, not enough improvement had been made and we found the provider remained in breach of Regulation 12.

● Risk management remained unsafe and health & safety checks were not robust.
● The provider had failed to ensure hoist slings used to lift people had been checked within the required timescales. This meant people were at risk of injury from equipment not inspected as safe for use.
● The provider had failed to take sufficient action where risks had been identified. For example, hot water temperatures were monitored monthly. However, a hot water tap found by the provider's checks was hotter than the recommended maximum temperature. There was no record of actions to make this safe until almost 1 month later. This placed people at increased risk of scolds and burns.
● We found significant concerns around the monitoring and management of water systems. For example, the provider had failed to complete adequate checks on and take action to reduce the risk of Legionnaires (a serious water-based disease). A risk assessment dated 03 March 2023, identified immediate actions were required to prevent a build-up of Legionella in the homes water system; however, the provider had not taken action. For example, the hot water storage tank temperature was set too low and needed to be increased, however this had not been actioned. This meant people were exposed to the risk of Legionnaires disease.
● Fire evacuation procedures had not been updated by the provider. For example, recommended changes to the emergency procedure to contact the fire brigade when the alarm sounds had not been made. This meant in an emergency, the fire brigade response would be delayed. The manager told us staff had to collect a two-way radio to search for a fire. One staff member told us, "I don't agree with the evacuation plan. It doesn't make sense that we have to go and look for a fire."
● Practice fire evacuations were not carried out as advised by the visiting fire officer. The times recorded did not meet the recommendation, as the time taken to evacuate a zone had not been measured. This placed people at increased risk of harm in the event of a fire.
● Staff were not always aware of the correct procedure on discovery of a fire. The manager told us, "If it is small, we do fight fire", however other procedures conflicted this, stating 'do not attempt to fight fire unless specifically trained to do so'. Staff were not always trained in the use of firefighting equipment such as extinguishers or fire blankets. Failing to have clear guidance in place for staff to follow placed staff and

people at increased risk of harm.
● Environmental risks had not always been assessed. For example, tall furniture was not secured to the wall and remained a risk to people. This was identified at our last inspection and had not been rectified. This placed people at increased and prolonged risk of harm. The furniture identified was removed during the inspection.
● Medicines were not always managed safely.
● Where people received medicines as and when required (PRN) guidance was not always available ready for staff to administer these. This included medicines prescribed to manage people's behaviour during periods of distress and meant people could have received medicines incorrectly.
● Records were not always legible and clear. For example, one record had details crossed out including a room number and date of birth. This meant opportunities for medicine errors was increased.

The provider had failed to ensure care and treatment was being provided in a safe way for people. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Where people were prescribed daily medicines, they were supported to take these appropriately.

Preventing and controlling infection including the cleanliness of premises
● The provider did not always promote safety through the layout and hygiene practices of the premises.
● Cleaning procedures were not always effective. Scheduled cleaning had not been effective in removing a malodour found in the communal corridors of the home.
● Surfaces in the laundry room were not clean.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● 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.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk from abuse
● People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals. One staff member told us, "If we see anything, we go to the team leader or straight to the manager."
● Safeguarding incidents had been reported, recorded and investigated. We found appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
● People and their relatives told us they felt the service was safe. One relative told us, "I know [relative] is safe and that is a big weight off my mind." One Person told us, "I'm safe, its good living here."

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. The manager tracked DoLS applications, and any conditions related to DoLS authorisations were being met.
● Staff received refresher training in MCA and DoLS.

Staffing and recruitment
● There were sufficient staff to meet people's needs.
● We observed staff responded to people in a timely manner. The provider used a dependency tool to monitor required staffing levels. One Staff member told us, "If someone calls in sick, they will call the other carers to see if they can come in to make sure we are not short staffed."
● Staff were recruited safely. The provider carried out checks such as Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff received regular supervision meetings supporting their development. One staff member told us "[Manager] is encouraging me to do my level 5 and step up into the senior role."

Visiting in care homes
● Relatives and friends were able to visit people in the home without restriction. We saw relatives calling in during the inspection. One relative told us, "You can visit anytime, and they always make you welcome."

Requires Improvement

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. The rating for this key question has remained 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; Continuous learning and improving care

At our last inspection we found the provider had failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and further action was needed. Therefore, this was a continued breach of Regulation 17.

● Systems to ensure the quality and safety of the service were not always effective and did not ensure improvements were made. For example, we found there were no action plans in place to address the risks identified in a fire risk assessment and not enough action had been taken to ensure people's safety.
● Governance systems had not identified overdue hoist inspections and inspectors prompted the manager to act.
● Audits had previously identified a malodour in the home, this was present during our previous and current inspection. The manager told us carpets had been replaced on the ground floor corridor, however staff told us this was still an issue. The malodour was also present in other areas of the home. One staff member told us, "There is a smell coming from the carpet, just generally where people have had accidents. Some upstairs too, but mainly downstairs."
● Actions were not always identified on the provider's audits. For example, a monthly audit found weekly medicine audits were not taking place. There was no action identified to rectify this.
● The provider had not always learnt from feedback given and improved the quality and safety of the service. The provider received information from our previous inspection regarding improvements needed, whilst we found improvements in some areas such as responding to feedback from relatives, however, not all concerns we had found previously had been adequately addressed.
● There was no registered manager in post at the time of our inspection. The manager told us they were planning to submit an application to register.

The provider did not operate effective systems and processes to make sure they assessed, monitored and improved the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

● The manager and deputy manager told us they were planning improvements to the audits system.

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

● Staff told us they had regular supervisions and felt able to raise any concerns they had. however, one staff member told us when they had raised concerns that not enough action had been taken by the provider to address the fire concerns in the service.

● People were encouraged to take part in activities.

● The service employed a dedicated activities co-ordinator who organised group activities. Individual and group activities took place at the service based upon people's wishes and preferences. The provider used social media to update relatives about events and 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

● The provider displayed a ratings poster in the home and published this on their website.

● The provider had met the duty of candour and was open and honest with people and their families.

● The provider is legally required to notify us when certain incidents occur. The manager understood how and when to notify us and sent in notifications appropriately.

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

● The provider communicated openly and clearly.

● The manager told us they planned to gain further relative feedback about the service. Outstanding actions from a relative survey seen at our last inspection had been completed. For example, new furniture had been purchased for the conservatory and relatives used this space when visiting.

● There were opportunities for people to share feedback on various aspects of the home in regular meetings. One relative told us, "I have had 2 meetings since the new manager came into post to talk though care plan and discuss updates."

● Staff meetings took place regularly. Staff told us they were kept up to date with regular information and updates relating to the home.

Working in partnership with others

● The home worked in partnership with key organisations to support care provision and ensure people received the support they needed. Staff told us health care professionals visited the home such as GP's to review people's health.