Lilliput House Limited

Lilliput House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

This unannounced comprehensive inspection took place on 27 and 30 November and 1 December 2017. This was the service's first inspection since a change in the provider's legal entity. There were no changes to the directors of the provider and registered manager when the legal entity changed.

Lilliput house is in Lilliput, Poole and can accommodate up to 54 older people. The home does not provide nursing care. Lilliput House provides care and support to older people, and only admits and cares for people who have the mental capacity to consent to living at Lilliput House and the care provided.

There is a registered manager in post who has worked at the home for 13 years. 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.'

People felt they were safe and there were systems in place to safeguard people. Some improvements were needed to the record keeping for people to demonstrate the care provided. The registered manager took immediate action to amend the recording formats in use.

People told us they were happy living at Lilliput House and felt they were very well cared for. Relatives spoke positively about the way care and support was given. People and relatives told us staff were very caring and compassionate. Staff spoke to people in ways which showed they valued and cared about them.

Risks to people and the service were managed and planned for. People's medicines were stored safely and administered as prescribed.

There were enough staff who were recruited safely to meet people's needs and regular agency staff were used. Staff were well trained and had the opportunity for development. Staff told us they were supported by managers at the home and felt valued.

People's needs were assessed and planned for. People had good access to healthcare and staff referred people appropriately to health care professionals.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a

person safely. People living at the home were not subject to DoLS because they all were able to consent to living at the home and were free to leave whenever they wanted.

People told us they knew how to make a complaint and said staff listened to them and took action if they needed to raise concerns or queries. No formal complaints had been made in the last 12 months.

People, relatives and staff told us they felt the service was well led, with a clear management structure in place. There were governance systems in place to assess and improve the quality and safety of the service.

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

Overall the service was safe.

The management of medicines was safe and risks to people were assessed, planned for or managed.

Staff were recruited safely and there were enough staff to meet people's needs.

Staff knew how to report any allegations of abuse.

The home and equipment was well maintained and clean.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed.

Staff had an understanding of The Mental Capacity Act 2005.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care and support was provided with kindness by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Immediate action was taken to ensure that personal information was not visible to visitors.

Is the service responsive?

Good

The service was responsive.

People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought.

Is the service well-led?

Good

The home was well led.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

Learning from incidents and events were seen as a positive.

Lilliput 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 was planned to check 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.

This inspection took place on 27, 30 November and 1 December 2017 and the first day was unannounced. The inspection was conducted by one inspector.

We met and spoke with 20 of the 52 people living at Lilliput House. We spoke with three visitors and relatives. We also spoke with the registered manager, registered provider, and seven staff.

We looked at four people's care, health and support records and care monitoring records in detail and samples of monitoring records such as food and fluid monitoring and mattress checks. We looked at 14 people's medication administration records and documents about how the service was managed. These included three staff recruitment files, agency staff profiles, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of. In October 2017 the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted commissioners prior to the inspection and sought the views of professionals involved in the service following the inspection. We received feedback from three health care professionals, the local safeguarding team and one commissioner.

Following the inspection, the registered manager sent us the information we requested about staff training, compliments, assessment documents, and additional agency staff evidence, staff rotas and people's monitoring record templates.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Lilliput House and every person replied they felt very safe at all times.

There was information displayed in the main entrance noticeboard about how people, visitors and staff could report any allegations of abuse. The staff had all received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident in recognising the types of potential abuse and how to report any allegations.

The registered manager had co-operated with the local authority during any safeguarding investigations. During the inspection, safeguarding concerns were raised with the local authority and CQC in relation to one person's pressure area care. As part of the inspection we looked at this person's pressure area care plans, mattress settings and related care records. The records completed did not fully support the care the registered manager and staff told us the person had received or demonstrate the guidance given by health care professionals was being followed. The keeping of an accurate running record of care and support provided to people was an area for improvement. We discussed this with the registered manager who had already reviewed the circumstances of the person developing pressure area. They took immediate action to review and amend people's records so there was an individual running record template for each person.

People had risk assessments and management plans in place for their skin, mobility, nutrition and falls. For example, one person was assessed as at risk of falling out of bed. To minimise these risks there was a plan for the person's bed to be placed at the lowest level with a mattress next to it. We saw this was in place and the person told us their bed was always lowered with the mattress next to it. They told us they felt safer with their bed in that position.

People had the correct equipment in place to support and maintain their safety. For example air mattresses were set at the correct setting for people's weight to maintain their skin integrity and people who required pressure cushions had these in place. One person had bedrails with soft bumpers on their bed as they were cared for in bed all of the time. They told us they were happy with the bed rails, they did not restrict them and they felt secure and comfortable with them in place.

People, visitors and staff told us and we saw there were enough staff on duty to meet people's needs. There was a mix of staff skills rostered every day to make sure the home was safe. The registered manager reviewed people's dependency on a three monthly basis or monthly if people's needs had changed significantly.

There was a very low staff turnover at the home and a stable staff team. There was a core of agency staff booked to regularly work at the home so people had a consistent staff team. The manager and provider were able to assess agency staff as potential permanent staff, prior to offering them full employment at the home.

The service followed appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. In addition, the staff recruitment files were audited to make sure all the information required had been obtained. People were informally involved in the selection and recruitment of staff.

We reviewed the information the staffing agency provided to the home. This did not include details of the staff's DBS check. The registered manager took immediate action and obtained confirmation of the current agency staff's DBS checks. We recommend that the registered manager implement a system of checking the identity of and DBS checks for any new agency staff.

People told us they were given the option of managing their medicines themselves but they chose to have staff administer and manage their medicines. One person said, "I like the way they do the tablets at the same time every day".

We checked the medicine storage and stock management systems in place for people. Medicines were stored safely. We checked the storage and stock for some specialist medicines and found the stock and the medicine record book balanced for those medicines.

We looked at the MAR (medicine administration records) and cream application records for people. The records showed that people had their medicines and creams applied as prescribed.

Staff were trained in the administration of medicines and had their competency assessed every six months to make sure they were safely administering medicines to people.

Risks in relation to the building were managed, with contingency plans in place for emergencies. People had personal emergency evacuation plans, which provided staff with guidance on how to support people to safety quickly and efficiently when required. There were systems in place for the maintenance, reporting and monitoring of the building and equipment. This included the servicing of boilers, hoists, equipment and a legionella risk management plan.

Throughout our inspection we saw the home was well maintained, clean and free from odours. Personal protective equipment was available for all staff. Staff were trained in infection control and the registered manager was the infection control lead for the home.

There was a system in place to record, review and analyse any safeguarding, medicine errors, incidents and accidents that took place. The nature of the incident was recorded and a full description given of what action was taken and the result of the action. For example, following an incident where a person slipped from their wheelchair a full review had taken place and actions taken to minimise the risks of reoccurrence. The outcome of the review was shared with staff and staff were retrained. Staff told us there was good culture about reporting any incidents, medicine errors, accidents and safeguarding and that any changes in procedures and learning were always shared with them.

Good

Is the service effective?

Our findings

People told us they were cared for by a staff team that were knowledgeable and well trained. One person said, "The staff here do their work showing an interest in us and knowing what they are doing. I cannot commend them enough".

People received care and support from staff who had the appropriate training and skills to complete their job effectively. New staff completed the Care Certificate which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector. We spoke with staff about their induction process. Staff told us they had felt well supported throughout the process and had always been with a more experienced member of staff when they started their employment.

Staff had received a range of training to develop the skills and knowledge they needed to meet people's individual needs. The staff had recently received additional training on how to respond to and support people making complaints. Staff spoke highly of the training provided and said that any skills or knowledge gaps they identified, the provider would make arrangements for them to receive that training. The registered manager explained that staff were encouraged to undertake various levels of qualifications in health and social care.

Staff told us they were very well supported by the registered manager and provider. They told us they had regular group supervisions, an annual appraisal and the opportunity to meet on a one to one basis with their line manager.

Most people told us they enjoyed the food at the home. A small number of people said they did not enjoy the food. However, they confirmed they were always offered an alternative. Those people who preferred or needed specialist diets had these met. For example, one person's preference was to have fresh salmon every day and another person preferred to have fish and chips form the chip shop rather than home-made.

People and relatives told us they had the opportunity to look around the home before deciding to move in. People's needs were assessed before they moved into Lilliput House. People's assessments included all aspects of their needs including all of the characteristics identified under the Equality Act. For example, assessments included people's religious and cultural needs, their sexual orientation, sexual identity and important relationships. This made sure the service was able to meet their care, health and support and cultural needs and provide them with person centred care. The registered manager was able to give examples of where the service was welcoming and meeting people's diverse needs.

People had a range of health assessments and care plans completed and these were reviewed monthly to ensure people received appropriate care to maintain or improve their health and promote a good quality of life.

There were systems in place to monitor people's on-going health needs. Lilliput House employed a 'well-being nurse' who undertook people's basic observations, checked people's skin, spent time talking with people about their health and well-being. They did not undertake any nursing tasks because the home is not registered to provide any nursing care. The 'well-being nurse' made recommendations to senior staff as to when the person needed a referral to district nurses and GPs for full health assessments. People and staff spoke very highly of the support and reassurance provided by the 'well-being nurse'. One person said, "They [staff] get me the Doctor if I need it and the well-being nurse is very good and she'll check me over if I'm feeling a little under the weather".

Records showed people were referred to external services such as the mental health team, district nurses and speech and language therapists when changes in their health occurred. Regular visits were made to people by a variety of healthcare professionals such as GP's, district nurses, chiropodists and opticians. People told us they had full confidence in the staff and that they were given the best care and support for their ongoing healthcare needs.

We received positive feedback from three GP surgeries about Lilliput House. The registered manager and provider were planning on meeting with one of the local GP surgeries to discuss and improve each other's understanding of their roles and working relationships.

Lilliput House has signed up to the 'red bag' scheme. This is a health passport system to ensure people have consistent care when transferring between services, for example when people were admitted to hospital. A red bag is used to transfer standardised paperwork, medication and personal belongings and this stays with the person throughout their hospital stay and is returned home with them. Until the scheme is fully implemented there was a summary of people's needs and important information available for staff in any emergency situations.

People's rights were protected because the staff acted in accordance with the MCA and sought people's consent to their care. All of the staff had been trained in MCA 2005 and DoLS and understood the principles of the MCA 2005. They had a good understanding of the legislation and the circumstances where they may need to act or record a decision that was in a person's best interest. The registered manager told us there were no people living at the home, including those people living with dementia, who were not able to consent to the care and support provided. All of the people we met, including those people living with dementia, told us their consent was always sought before staff provided any support. People had signed their care plans to give consent to their care and support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when DoLS applications would be required and had not needed to make any applications for people living at Lilliput House. This was because all of the people living at the home, including those who were living with dementia, were able to consent to being at the home and had the mental capacity to consent to the care and supervision provided. The registered manager had met with the representative of the local authority authorising body to clarify that no applications were required.

People told us they liked the design and decor in the home and they were able to decorate and furnish their bedrooms how they chose. People's bedrooms were very personalised with their own pictures, photographs and personal possessions. One person said, "I've got everything I want in my room. Obviously I'd rather be at home but this the home I chose". The communal areas had a mixture of sofas and armchairs and there was access to safe and secure gardens. One person commented that "It's sometimes difficult to talk and chat

with people the way the games room is set up because you can only chat to people either side of you". We shared this feedback with the registered manager who told us that due to the size and activities held in the games room it would not be practical to rearrange the seating any other way.

Good

Is the service caring?

Our findings

All of the people spoke very highly of the staff and told us they were kind, caring and compassionate. Comments included; "I'm very happy here and I'm so well looked after", "All the staff are very caring and kind even the agency staff", and "I love it here, I wouldn't change anything and the staff are lovely".

A relative told us, "I'm very happy with the care my brother receives. I can't fault the care". Another relative said, "It's a home from home and staff always make me feel welcome".

We observed staff providing care and support in a kind and caring manner. Staff interacted with people using their preferred names and engaging them in conversations that were interesting to them. People had been consulted about whether they were happy for staff to use terms of endearments and this was recorded in their care plans. Staff knew which people were happy for terms of endearment to be used and who preferred their name to be used.

Staff spoke to and about people in ways which showed they valued and cared about them. Staff supported people patiently and kindly and did not appear rushed. People told us staff responded quickly to any requests they had and this included answering the call bells. There was a member of staff allocated on each shift who was responsible for answering and responding to call bells.

People told us staff respected their right to privacy and respected their bedrooms as a private space. They said staff always maintained their dignity when providing any personal or intimate care and that their preferred gender of carer was respected. This information was also recorded in people's care plans.

There were clear personalised policies for staff to follow in relation to people's privacy and dignity. However, on the first day of the inspection there was pictorial information for staff displayed on people's doors that related to their needs. This meant all visitors coming to the home could see personal information about people. We raised this with the registered manager and provider who took immediate action to place this information inside people's ensuite bathrooms.

Most people told us they were involved in their monthly care plan reviews. However, some people were not clear or sure whether their views were sought in their monthly care reviews. We reviewed the monthly reviews and their views of people were not recorded. We discussed this with the registered manager who agreed to implement our recommendation of recording people's views in the monthly reviews.

People and their visitors told us they were made welcome whenever they visited. People told us staff sought their permission about their friends and relatives involvement in their care and support and this was recorded in their care plans.

Good

Is the service responsive?

Our findings

People received personalised care and support that they directed. People's social, emotional and well-being needs were planned for alongside their physical and personal care needs. Where people were happy to share their personal histories and preferences this was recorded and detailed. People were involved in all aspects of their care planning and had all signed to agree their care plans.

People's cultural and religious needs were identified and there was visiting clergy for those people of a Christian faith. The registered manager told us due to the demographics of the local population and community they were currently able to meet everyone's cultural and religious needs.

Staff told us people's care plans were very easy to follow and gave them clear information how to meet each person's preferences and needs. One member of staff said, "The care plans are the most simplified but most informative care plans". For example, they told us that where people had a diagnosed eye condition or impairment their care plan included a photograph of how they saw things. Staff said this really helped them understand the person's sight and how they needed to approach the person.

People who chose to socialise with others chose to eat in the dining room and join in the afternoon activities in the games rooms. Those people who preferred their own company told us their wishes were respected and staff would spend time with them in their bedrooms when they could. One person who was living with dementia was happy to chat with us about living at Lilliput House and was very comforted by an animated life like breathing dog in a basket that they sat stroking.

People who wished to received a daily paper of their choice. Most people told us there were plenty of things to keep them occupied and they enjoyed the activities on offer. There was a fortnightly outing in a hired mini bus. People were supported to maintain their community links. For example, one person continued to attend their weekly health club.

People were free to come and go from the home and were given an electronic key fob if they wanted one. This meant they could access the community whenever they wanted. Staff would accompany those people who needed support with their mobility.

There was complaints information displayed on the notice board in the main entrance and each person was given a copy. There was a written and an easy to read complaints policy that was supported by pictures. This meant that people had the information in a format that they could understand. Staff had been trained and knew how to support people in making a complaint. People and relatives told us they had not needed to make any complaints because whenever they raised any concerns these were addressed to their satisfaction. There had been no complaints made in the last 12 months.

Where people chose to, their advanced decisions in relation to their end of their lives were recorded. This included their preferences and choices as to where they wished to die. Some people had chosen to discuss and complete their wishes with their family members and or friends. These documents included what was

important to the person and any specific wishes they wanted to be met.

The registered manager told us they informed people together about the death of other people who lived the home. This was so staff and people were able to comfort each other following their loss.

Some relatives had sent in written thank you letters and cards to staff commenting on the quality of care their loved ones had received at the end of their lives.

Good

Is the service well-led?

Our findings

One person said, "This is a good place to be, it's a well-run and well respected care home in the local community. I have no doubt about recommending it." A relative told us, "I would score the home 9 out of 10 that's because everybody can always do better but I haven't found out what it is they can do better yet".

People, relatives and relatives said there was an open and honest culture within the home and felt the whole staff team worked well together to create a friendly atmosphere. The registered manager told us they felt proud of their staff team. The provider said of the registered manager, "She's the best manager in the world we couldn't do it without her". The registered manager told us they were supported by the provider and they made decisions together but also had the autonomy to make any decisions in their absence.

There was a programme of annual surveys for people, relatives and friends, staff and supporting services. The results of 2017 surveys were collated and all were positive with no negative comments received. Actions had been taken in the past response to comments received. For example, in response to comments received on peoples' surveys in 2016 laundry staff were employed.

There were resident and relatives meetings where people and their relatives had the opportunity to feed in to the day to day running of the home.

There were quality assurance systems in place to ensure the quality and safety of the service for people and staff. This included auditing and reviewing peoples' care plans, accidents and incidents, medicines, night spot checks, maintenance systems, infection control systems and the cleanliness of the home. The response times to call bells were also reviewed to make sure people were responded to in a timely way when they called for assistance. In addition, there were also monthly observations of staff working with and supporting people. Action was taken to address any shortfalls identified during internal audits and checks and any contract monitoring visits by the local authority.

Staff spoke highly of the communication systems in place and these included daily handovers and supervisions. Regular monthly staff meetings were held with topics discussed and actions recorded. The registered manager held a number of staff meetings in the same week on different week days, weekends and at different times. This was so all staff could attend one of the meetings at a time that suited them.

Staff knew how to whistle blow and had received training from the provider. Information was displayed about how staff could whistle blow.

The registered manager had developed personalised documents/monitoring and staffing systems to ensure people received personalised care. For example, a staff member was employed to specifically meet the needs of people who needed repositioning, had specific exercise regimes and to ensure those people who were at risk of dehydration were offered and assisted with the fluids they needed. This position had been developed to ensure that these people's additional needs were met without delay.

The provider, registered manager and staff demonstrated an understanding about equality, diversity and human rights. They focused on people as individuals and how they could meet their needs in a person centred way. The policies in place reflected equality, diversity and human rights legislation. Staff felt they were treated fairly by the provider and registered manager and supported well to do their job to the best of their ability. They told us any training or learning needs they identified to the provider or registered manager was provided.

The registered manager told us they planned to develop an improvement plan based on the five key questions we ask and the ratings characteristics.

The registered manager and provider made sure any learning from any safeguarding, accidents and incidents was shared and new systems were introduced in response.

The provider and registered manager told us they worked well with other agencies and were planning to meet with one of local GP surgeries.