

Community Housing and Therapy

Lilias Gillies House

Inspection report

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Coulsdon
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Tel: 01737668112

Date of inspection visit:
04 September 2018

Date of publication:
26 September 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Lilias Gillies House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. Lilias Gillies House does not provide nursing care. Lilias Gillies House accommodates up to 20 people with mental health needs. At the time of our inspection ten people were using the service.

We undertook an unannounced focused inspection of Lilias Gillies House on 4 September 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our April 2018 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting the legal requirement related to good governance at our previous inspection. The provider sent us an action plan which stated they planned to make the required improvements by 30 June 2018.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

A manager was in post, however, they were not yet registered with the CQC. An application had been submitted and was being processed. 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.

Improvements had been made to the management and leadership of the service. Quality assurance processes had been extended to ensure they monitored and reviewed all areas of service delivery. There was now a regular programme of audits completed and the manager had introduced systems to enable them to have greater oversight of the service and be aware of what improvements were required. Systems had also been strengthened to ensure the provider's senior management team also had greater oversight of the service to ensure continuous improvements. The introduction of these new systems and processes had identified a number of areas that required improvement. Some action had been taken to address some of these concerns, however, at the time of inspection not all of the improvements had been made and action planning was still in progress. The provider had introduced additional systems to ensure people felt able to have open and honest conversations with the management team, and ensure they had confidence that any concerns raised would be appropriately investigated and dealt with.

Whilst improvements had been made some of these systems were relatively new and therefore we have not improved the rating for this key question as to achieve a rating of 'good' requires evidence of sustained and consistent good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Improvements had been made to the management and leadership of the service. Quality assurance processes had been extended to ensure they monitored and reviewed all areas of service delivery. There was greater senior management oversight of the service to ensure continuous improvements. However, some of these systems were relatively new and therefore we have not improved the rating for this key question as to achieve a rating of 'good' requires evidence of sustained and consistent good practice.

Requires Improvement ●

Lilias Gillies 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.

We undertook an unannounced inspection on 4 September 2018. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the action plan the provider submitted following our previous comprehensive inspection in April 2018.

During the inspection we spoke with the manager and reviewed records related to the management of the service.

Is the service well-led?

Our findings

At our previous inspection in April 2018 we found a robust governance system was not in place to review and monitor the quality of service delivery. There was not a regular programme of audits to review all areas of service delivery, including a lack of medicines management audits and environmental audits. We also found there were insufficient processes in place to review staff's compliance with their mandatory duties including completion of training and supervision. There were plans to introduce a peer review programme across the provider's services, however, this was not in place at the time of our inspection. We also saw there were plans to use the Health of the Nation Outcome Scale (HoNOS) mental health clustering scoresheet and the Warwick Edinburgh Mental Well-being scale to assess outcomes for people. However, these had not been fully implemented.

At this inspection we found sufficient action had been taken by the provider to develop robust quality assurance systems. There was now a regular programme of audits to review service delivery, including the safety of the kitchen, infection control procedures and medicines management. Since our previous inspection the provider had changed their training provider. With this change it enabled the manager to have greater oversight of the staff team's compliance with mandatory training and a training matrix was now established to track training completion.

The peer review programme had been established and the manager of one of the provider's other services had visited to audit service delivery. This audit had identified a number of improvements that were required. These improvements were at both provider and location level. The manager confirmed that at the time of inspection a full action plan had not been developed, however, a meeting had been held with the senior management team to discuss the findings and some improvements had already been made including a full review of the provider's policies and procedures.

The service had now established the implementation of the Health of the Nation Outcome Scale (HoNOS) mental health clustering scoresheet and the Warwick Edinburgh Mental Well-being tools to assess outcomes for people and review the effectiveness of the service at supporting people with their mental health recovery. The data from these tools was in the process of being analysed by staff at the provider's head office.

At our last inspection people told us they felt comfortable speaking with the management team. At this inspection we observed people interacting with the manager and having open conversations with him. Since our last inspection we had received concerns that people were unable to speak openly with the management team and felt when they did their concerns were not taken seriously. The provider's senior management team investigated these concerns and also arranged for an external independent consultant to investigate the concerns raised. The findings from these investigations were that the majority of people using the service felt able to speak with the manager and felt any concerns they did raise were taken seriously. The provider had introduced a new organisation to offer a peer support programme and they attended the service's community meetings to further strengthen user voice and involvement at the service.

From the evidence above the provider was no longer in breach of regulation relating to good governance.

Since our previous inspection the provider was clearer about the strategic direction for the service and they had developed the service to incorporate respite and short term placement for people when in crisis. The provider was in discussion with the CQC to review their registration and ensure they were registered for the correct regulated activities in line with the changes and developments with service delivery and the support they provided. This included the introduction of consultant psychiatry and social work support.

The provider and manager ensured appropriate action was taken to adhere to their CQC registration included submitting statutory notifications about key events that occurred at the service and provided additional information about specific incidents when requested. The ratings awarded as our April 2018 inspection were displayed at the service and on the provider's website.