

Lily Care Northants Ltd

Millway

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection took place on the 16, 18 & 19 January 2017 and was announced. Millway is a personal care service that supports people with a range of disabilities living in their own homes. At the time of our inspection five people were receiving care and support.

There was a registered manager in post at the time of our inspection. 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.

The provider had no systems in place for monitoring the quality of the service. The lack of oversight from the provider who is also the registered manager culminated in lack of supervision and appraisals for staff, inadequately maintained medication records and lack of formal records relating to the Mental Capacity Act and staff meetings.

People were supported to take their medicines as prescribed. However, records relating to the administration, ordering and stock control of some people's medication were not fit for purpose. People were supported to maintain good health and had access to healthcare services when needed.

People had care plans that were personalised to their individual needs and wishes. Care plans reflected the support people required and care staff delivered care and support according to people's preferences.

People received care from staff that were kind, caring and passionate about providing the care and support people wanted to enable them to stay in their own homes. Staff had the skills and knowledge to provide the care and support people needed. People told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005. Documents relating to the MCA had not always been formalised.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff had good relationships with the people they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Records relating to the administration, supply and ordering and disposal of medication were not fit for purpose.

People felt safe and comfortable with the care they received in their own home.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Care staff did not receive regular supervision from their line manager.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). However, documents relating to the MCA had not been formalised.

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care

was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences; people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement ●

This service was not always Well-Led.

The provider has no oversight of the service and there were no systems in place for monitoring the quality of the service delivery.

The registered manager was approachable and staff and families communicated on a regular basis.

Millway

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 over three days on 16, 18 and 19 January 2017 and was announced. We gave the provider 48 hours' notice of our inspection to be sure that the staff would be available to support the inspection. The inspection was completed by one inspector.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people who used the service, one relative, three members of care staff, one senior care staff, one care co-ordinator, the deputy manager, and the registered manager who was also the provider.

We looked at care plan documentation relating to five people, and five staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were not supported by staff who had knowledge of the policies and procedures relating to medicines management. Care staff we spoke with assured us that people were receiving the medication they had been prescribed; however medication administration records (MAR) for one person contained missing signatures for medicines that staff told us had been administered. There was no way of determining if these medicines had been administered because there were no stock control procedures in place. MAR charts contained hand written entries of people's prescribed medicines with insufficient detail recorded on them. For example the record did not state the strength of the dose of medication that people were prescribed. Care staff were not using the correct codes on the MAR sheets when medicine had not been required that are identified by the pharmacy; this made it impossible to ascertain if a medication was not given because it wasn't required, if the person felt unwell or if it wasn't offered to the person.

There was no procedure in place specific to each person that gave instructions to the care staff about ordering people's medication, stock control, booking medication in when it was received from the pharmacy and returning unused medication. Care staff told us that they routinely copied information about medicines on MAR sheets from one month to the next with no procedure in place to ensure that the correct medicine had been ordered and dispensed by the pharmacy.

We observed that this issue relating to medicine was specific to one person the provider was supporting, however other people using the service were only prescribed one or two medicines and these were blister packed by the dispensing pharmacy. We relayed our concerns to the deputy manager at the end of the first day of the inspection and we found that when we returned on day two there had been a marked improvement. A procedure had been written and was in place for the person who we had concerns about, the provider had made contact with the pharmacy to arrange for printed MAR sheets for future medicines and organised for this person's medicine to start the whole month cycle at the same time. The provider had addressed the immediate issue; however there was a need to ensure all care staff had procedures to follow and a more robust auditing of medication records was required.

This was a breach of Regulation 12 (2)(g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe in their homes with the staff that supported them. One person said "I feel safe in the house with all the staff and they always make I am okay." Staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to the provider. The staff had confidence that the provider would take the appropriate action. There was an up to date safeguarding procedure in place which included the contact details of the local safeguarding team. We saw from staff records that all staff had received safeguarding training.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments to assist staff with moving and handling procedures. Risk

assessments were also in place to manage other risks within the environment which was completed when people started using the service. One member of care staff said "Risk assessments are updated and all the staff read them and refer to them, it is key to preventing accidents or incidents from happening." Risk assessments were reviewed regularly or as changes occurred.

There was sufficient staff available to provide people's care and support. Some people had live-in carers who supported them for a week at a time; in addition to this another carer would support up to four times a day and assist with personal care. One person said "I know all of the staff really well, there is always someone to help me when I need it or to go to the shops with me."

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and screening through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that their checks were carried out before they commenced their employment.

Is the service effective?

Our findings

People were not supported by care staff who received regular formal supervisions from their line manager. Care staff's experience of supervision varied from one person to another. One staff member had not received any supervision in a period of two years; some other staff had received supervision once or twice. Care staff who supported people in the supported living complex which was in the same grounds as the office base were monitored more closely and supervisors were able to assess the staff's competency and relationships with the people they worked with; however for other staff who supported people as live-in carers there was little or no supervised working to ensure that the care staff were following people's care plans and risk assessments. However, care staff told us that they felt supported and although they received minimal formal supervision the provider was always available and they felt able to call upon them if they had any concerns. One member of care staff said "I don't hesitate to call [The registered manager] if I have concerns about someone, we are in telephone contact most days."

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 Act 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. We checked whether the service was working within the principles of the MCA and we saw that although care staff were acting in people's best interest, the decision making process had not always been formalised. We spoke to the provider about our concerns relating to the compliance with the Mental Capacity Act at the end of the first day of our inspection; on day two of the inspection we saw that the provider was preparing the relevant documents to undertake MCA and best interest meetings.

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were all well trained and understood their responsibilities. One person told us "They [care staff] talk to me and check what I want; they always ask me what I want for my dinner and they help me in the shower."

At the time of the inspection Millway had only been delivering a personal care service for just over twelve months. The staff employed had all had experience of working in various care settings for several years. They spoke positively of the support they received when they commenced working with the agency. All care staff had undertaken a thorough induction programme which included having their competencies tested in relation to manual handling, health and safety, safeguarding and medicine administration. They had worked alongside the registered manager or more experienced staff before they had worked alone. Staff were encouraged to develop their skills and knowledge; one member of staff told us "I am in the process of completing my National Vocational Qualification (NVQ) level 3."

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. One person told us "The girls (staff) prepare my meals for me; they check what I would like."

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP, psychiatrists and occupational therapists. We saw in peoples care plans that detailed visits of health appointments had been recorded including any follow up appointments that were required.

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "The staff are lovely, they chat with me and ask about my family; and they remind me when my family are visiting next."

During visits to people's homes we saw that staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with people talking about their plans for the day and discussing topics in the local media.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans detailed the care and support they required. Staff understood the importance of respecting people's choices and gave examples of how they supported them. For example; one person disliked the same weekly routine relating to domestic tasks and daily living activities; we saw that this was detailed in the person's care plan and the person confirmed to us that they were able to change the days of their chosen activities.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's privacy and dignity was respected by the care staff. One care staff said "I always make sure I cover the bottom half of someone if I am washing the top part; I think that's really important because that is what I would want."

People told us they were encouraged to be as independent as possible. One person said, "It is important I stay independent; I help prepare the vegetables and sometimes help with the recycling." Care staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

Some people who used the service had been supported in the past by independent advocates and independent mental capacity advocates. No one was currently using an advocate but the staff team were knowledgeable about how to refer someone to advocacy services and what advocacy services could offer people.

People were encouraged and supported to have visitors in their own homes. One person told us "My son will be visiting tomorrow; he does jobs around the house for me." We spoke with the provider who confirmed there were no visiting restrictions either in the supporting living service or in people's own home.

The service had received many positive compliments about the service they provided. Comments included "Thank you for the support you have given to [our relative] and the peace of mind you gave to us; the staff go so much further than it being just a job." Another compliment received stated "Lilycare is right for [my relative]; you are able to deal with complex needs like no other service we have used before."

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for a new format of individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records and charts demonstrated that staff provided support according to the care plan and people's wishes.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw.

People also had reviews of the service they received by the local authority and this was documented in their personal files.

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with. The service supported people with planning day trips ensuring appropriate staffing was available and risks had been assessed. One person told us about a day centre they attended and told us "I love going there; I meet my friends." Other activities included visits to garden centres, pub lunches and a variety of other social activities.

Staff spent time with people and responded quickly if people needed any support. They were always on hand to speak and interact with people and we observed them checking that people were comfortable and asking if they wanted any assistance.

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. One person said "I know how to complain I would say something to the person in charge." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. We viewed complaints received in the last 12 months and found the provider's responses and investigation to be comprehensive and where improvements had been identified we saw that timely action had been taken.

Is the service well-led?

Our findings

The provider had no oversight and no systems in place for monitoring the quality of the service delivery. Had effective audit systems been used, the registered manager would have identified that care staff were not receiving regular supervisions or 'on task supervisions' as per the providers own policy, medicine management systems and processes were not effective and the required documents relating to the Mental Capacity Act had not been completed. We discussed our concerns with the registered manager and they informed us that these areas of concerns would be addressed as a matter of priority.

This was a breach of Regulation 17 (2) (a) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings took place; however these were not regular and there was no formalised agenda and action points from the meetings. Minutes from these meetings were not disseminated to the care staff who supported people as live-in carers and rarely came to the office base.

People, staff and families told us the registered manager was passionate about ensuring people received the best care possible. This gave confidence to people and their families and it was clear through observations that the staff understood the expectations of the manager and delivered care and support in line with these expectations.

Communication between people, families and staff was encouraged in an open way. Relative's contacted the provider on a regular basis to update them on people's changing care needs. The registered manager told us they had an open management style and wanted to ensure that people felt confident to contact them at any time they needed. Staff said the registered manager was very approachable and considered best outcomes for people in everything they did.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible for as long as possible in their own home. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

People using the service were asked to provide feedback about their experience of care and about how the service could be improved. However, as this was feedback was recently received the provider had not collated the responses from people and outcomes from the feedback were unknown.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and supporting people, they told us that they received good support from their manager. One staff member said "The manager is really good at caring for people and making sure we care for people; although not so good on the paperwork side of things."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Records relating to the administration, supply and ordering and disposal of medication were not fit for purpose.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has no oversight of the service and there were no systems in place for monitoring the quality of the service delivery.