Lillibet Court Care UK Limited

Lillibet Manor

Inspection report

19 Linden Road
Bedford
Bedfordshire
MK40 2DQ

Tel: 01234342917

Date of inspection visit:
08 June 2021
21 June 2021

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08 September 2021

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Lillibet Manor is a supported living scheme registered to provide personal care and support, some who may be living with complex mental health needs. The scheme can support up to 34 people in independent, self-contained flats. Each flat provides a kitchen area, bathroom and bedroom. In addition, there is a shared communal garden space, conference room, communal area and two offices. Staff provide support 24 hours a day.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was supporting one person with personal care at the time of this inspection.

People's experience of using this service and what we found
The quality and assurance processes in place did not identify failings of the service, or drive change and improvements.

People spoke positively about the care they received and provided feedback which included, "I live the life of luxury, it is very good, very good indeed."

The provider had completed satisfactory pre employment checks. Staff had the skills and knowledge to support them in their role. People told us, "Staff are trained properly. They are polite and know what they are doing. Staff always consult with me before they do things."

People were supported to have maximum 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.

Staff had received training in infection prevention and control. Staff were knowledgeable of actions they were required to follow to minimise risk of cross contamination of COVID-19. People told us they observed staff wearing appropriate personal protective equipment (PPE). This included facemasks, gloves and aprons.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 24 October 2018).

Why we inspected
This was a planned inspection based on the previous rating.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The service was 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.

Lillibet Manor

Detailed findings

Background to this inspection

The inspection
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 Care Act 2014.

Inspection team
This inspection was carried out by one inspector

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 June 2021 and ended on 21 June 2021. We visited the service on 08 June 2021.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and care workers. We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection
Following our visit, we continued to review a variety of records relating to the management of the service, including policies and procedures, quality and assurance records. We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The records for one person did not contain all of the information staff required to meet people's care and support needs, or the associated risks. For example, one person was commissioned to receive care and support three times a day, however, the records provided information which referred to only one of the required daily care and support visits. The same person's records did not include information relating to mobility and was written during the inspection following prompting by the inspector. In addition, the record did not include guidance relating to continence needs.

At the time of the inspection not all of the information was available, however was provided by the registered manager following the inspection.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place and information was displayed in the service. This provided detail of who to contact to raise any concerns. The registered manager held records and logs of safeguarding referrals which they had raised to protect people from harm.
- Staff had received safeguarding training and were confident of their role and responsibility to identify and report abuse.
- One person told us, "I feel safe. I am well looked after. I couldn't ask for anything better."

Staffing and recruitment

- Pre-employment checks had been completed prior to commencement of employment. The provider had followed up any gaps in employment and were assured of staff suitability for the role which they had been employed.
- Staffing levels appeared to be stable with no use of agency staff.
- One person told us, "I see virtually the same staff all the time. The staff that come to see me I know very well."

Using medicines safely

- People received their medicines regularly and as prescribed. One person told us, "I can set my clock by the staff coming to give me my medicines."
- Staff had received training to administer medicines safely. The management team conducted competence checks of staff administering medicines to ensure safe practice.

Preventing and controlling infection

● Infection control and prevention policies were in place and available for staff.
● Staff had received infection, prevention and control (IPC) training. During the COVID-19 pandemic the registered manager had provided additional guidance and information regarding COVID-19. This included how to put on and take off personal protective equipment (PPE) and dispose of this safely.
● Staff told us they had an adequate supply of PPE and were able to access additional supplies when required.

Learning lessons when things go wrong
● Staff handovers, team meetings and supervisions provided opportunity for discussions to take place.
● Staff were provided with updates relating to recent incident and accidents and were involved in discussions to make changes and drive improvement.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- The quality assurance processes in place were not robust in identifying and addressing the failings of the service found during this inspection.
- We found care plans and daily records that were incomplete and inconsistent in their detail. These issues had not been identified and addressed by the provider.

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

- People and staff told us they found the management to be approachable and spoke positively about the support they were provided.
- One person told us, "It Is a good place to live. Everyone is friendly and I am comfortable here."

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 manager had a clear understanding of their responsibility of notifying CQC of reportable events.
- People and staff told us they felt confident in raising concerns with the manager. One person told us,"I would speak to the manager [name of manager], if I was unhappy about anything, but everything is fine."
- The provider shared survey feedback, compliments and complaints with staff during team meetings.

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

- People told us they had been involved in the assessment and care planning process.
- All people and staff we spoke with felt listened to and valued. One staff member told us, "It is a good place to work. Everyone gets on well with each other. The provider visits frequently and takes time to speak with everyone not just the staff."

Continuous learning and improving care

- The registered manager told us they had invested in a new electronic recording and quality system. This was being introduced at the time of the inspection and there were no measured outcomes available to support how it would enhance the service.
- People told us they completed regular surveys of their views of the service. The outcomes of these were

collated and shared with staff during team meetings. Where individuals raised concerns, these were discussed directly with people.

Working in partnership with others

- Staff sought professional guidance and support to maintain people's health and well-being.