

Lilyrose Care Group Limited

Lilyrose Care Group Ltd, Cambridge

Inspection report

Suite B, 90/91 High Street
Huntingdon
PE29 3DP

Tel: 07760302903

Website: www.lilyrosecaregroup.co.uk

Date of inspection visit:

05 December 2019

02 January 2020

24 January 2020

Date of publication:

02 March 2020

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

About the service

Lilyrose Care Group Ltd, Cambridge is a domiciliary care agency providing personal care to 17 people at the time of the inspection.

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.

People's experience of using this service and what we found

People felt safe using the service because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff. The provider obtained most key recruitment checks to ensure staff were safe to work with people. However, not all of these checks were available for one staff member. We have made a recommendation about obtaining recruitment checks. Staff used protective equipment, such as gloves and aprons to reduce the risks of cross infection.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately, although there was not always enough guidance about how medicines were to be administered. Staff supported people with meals and drinks. They followed advice from healthcare professionals where this provided.

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 made sure they asked people's consent before caring for them

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the service's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints and concerns were dealt with and resolved.

There was no registered manager in post at the time of this inspection. However, we had received, and were processing, the deputy manager's application to register with the CQC, as manager for the service.

Systems to monitor how well the service was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred, so that the risk of a similar incident occurring again was reduced. People were asked their view of the service.

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

Rating at last inspection

This service was registered with us on 06/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lilyrose Care Group Ltd, Cambridge

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

One inspector carried out this inspection

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 their representative would be in the office to support the inspection.

Inspection activity started on 5 December 2019 and ended on 24 January 2020. We visited the office location on 2 January 2020.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was

not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, deputy manager, care co-ordinator, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received information from three staff through questionnaires.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Guidance in place for staff was not always consistent. There were instructions for giving some medicines, but this was not available in every person's records. One person had detailed information to tell staff which cream they should apply to specific parts of the body. Another person had no information telling staff where to apply creams. Another person had no instructions in their care plan when their medicines should not be given. The care co-ordinator explained that they had worked with the person's GP and were no longer responsible for giving the person their medicines.
- Staff had received training in how to safely give medicines, they maintained records to show this.

Staffing and recruitment

- Most pre-employment checks were carried out for staff before they started working at the service. Explanation of gaps in one staff member's employment history and references for previous care positions were not obtained for one person. Staff told us they had repeatedly requested references, but information was not returned.

We recommend the provider consider current legislation on recruitment requirements and take action to update their practice for further prospective employees.

- There were usually enough staff on duty to support people. People told us they had regular staff who arrived on time. They were contacted by office staff if care workers were going to be late.
- There was a system in place to recruit new staff to make sure there were enough staff on duty at all times. Staffing levels were determined by people's dependency needs and any additional funded hours. Staff all told us there were enough of them and this meant that they were able to arrive to visits on time and there were no missed visits.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff from the service. One person said staff were, "All very good."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns. One staff member told us, "If I thought someone was at risk I would report to my manager and document everything."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as for moving and handling. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes were identified.

- Staff completed risk assessments in relation to the environment. These included those for fire safety and equipment. They told us the checks they undertook and how this made sure equipment was working correctly. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Preventing and controlling infection

- People and relatives told us that staff always used gloves and aprons to help prevent the spread of infection.
- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these and the deputy manager or care co-ordinator took action following accidents or incidents to reduce the risk of these reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff completed assessments of people's needs before they started using the service. They developed plans to meet people's individual needs depending on the person's own abilities. This helped them to make sure they had enough staff with the right skills to meet their needs.
- Staff supported people to use equipment and technology, such as pendant alarms, that helped to keep them as independent as possible.

Staff support: induction, training, skills and experience

- Staff received training when they first started working at the service. They told us this was updated every six to 12 months. A staff member said the hands-on training they received had helped them with the physical aspects of caring for people.
- Staff members received supervision as individual meetings and they said that they could also contact the deputy manager or senior staff at any time between meetings. They felt supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink if this was needed. They had enough information in care plans to know what people liked to eat.
- Staff had received training in how to support people to make sure they received enough to eat and drink and who to contact if they had concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff completed a 'grab sheet', which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- Staff supported people who received advice and treatment from healthcare professionals, for example district nurses.

Ensuring consent to care and treatment in line with law and guidance

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.

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA, and who had received training.
- The nominated individual told us that no-one using the service lacked capacity. Therefore, no applications had been needed to be made to the Court of Protection to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people kindly. One person told us, "All very good. Very caring, including office staff. They're all really polite." Another person said, "They're brilliant, they've got a really good bunch of carers. These are some of the best carers I've ever come across. I like all the carers that come in, they're nice people. The carers are all extremely good." A relative echoed these sentiments when they said, "[Staff member] is lovely and they absolutely get on so well. [Staff member] is very good for [person]."
- Staff spoke about people with fondness, they showed concern and described how they made sure people had everything they needed. They were aware of people's individual needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in care decisions and how they preferred to have their care given. One person said, "[Staff] do listen and change things if needed." Staff explained how they supported people to be involved in their care. This included developing plans for people to assist with their care as their abilities increased. One staff member told us, "I ask people, I know there's a care plan, but people want things differently and it's not the same every day."
- Staff said that no advocates were being used at the time of our inspection, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff respected their privacy and dignity. One person said, "They try to respect my dignity as much as possible. They never make you feel as if there's anything wrong."
- Staff told us they ensured the person was supported in a dignified way by closing doors and curtains. They covered the person up as much as possible while supporting them with personal care. One staff member told us, "I treat people in the same way that I'd like to be treated."
- People's confidentiality was maintained; records were kept securely in the service's office location.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care needs were met and they were happy with the care they received. Staff did what people asked them to do. One person told us, "On the whole things are going quite well, they provide the care I need."
- People had care plans in place, which contained personalised information about them. They gave staff enough guidance on how to meet most people's needs effectively and safely. There was information about some health conditions, but not all. Although staff did not have responsibility for meeting these health needs, the lack of information
- There was also no information about people's end of life wishes, although no-one was in need of this care at the time of our inspection. We spoke with the nominated individual about the need for this information and why it was important that these conversations occurred if people were happy to discuss their wishes. They told us they would develop a strategy for asking these questions.
- Each person's care plan was reviewed regularly unless there were any changes before that time. Relatives told us plans reflected the care their family members needed and visit notes reflected the care people had been given.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and planned for, and staff had guidance about how to meet these needs fully. Staff told us how they communicated with people and how they knew what people who could not communicate verbally wanted to tell them.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care their family member received. Only one relative told us they had ever raised a concern, for which they received an apology. No other complaints had been made to the service.
- A complaints procedure was in place for people to follow.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The last registered manager cancelled their registration with the Care Quality Commission (CQC) in October 2019. We received, and were processing, the deputy manager's application to register with the CQC, as manager for the service.
- Staff were supported by the deputy manager and a care co-ordinator, who were office based. They felt that the service ran smoothly, staff were supported and knew their roles and responsibilities.

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

- Staff were committed to providing high-quality care and support. They told us how they made sure people received the care they needed, and how they made sure this was how the person wished to be cared for. One staff member told us, "[Management] have been so supportive of me during difficult time. They will listen. Office staff are absolutely fantastic." Another staff member said, "We don't see other staff unless training or meetings but we all work well as a team and help each other out."
- Staff told us that office staff communicated well with them and they had regular contact, which provided them with the opportunity to discuss any concerns or issues.

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

- This was the first inspection for this service, however the nominated individual understood the need to display the service rating following this inspection.
- There were few incidents, and none required the provider to notify the Care Quality Commission (CQC). The nominated individual understood the requirements to submit notifications and the circumstances when these were required.

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

- People and their relatives had completed a survey, which showed positive comments about the service and the care people received.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.

- Staff told us that they attended staff meetings, which gave them regular support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. Senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority. The provider and senior staff contacted other organisations appropriately.