

# Lily Care Northants Ltd

## Millway

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service:

Millway is a supported living service which provides care and support to people living in a 'supported living' setting so that they can live in their own homes as independently as possible. At the time of inspection, the provider was supporting 11 people within three different properties, however only two people in one property were being supported with their personal care needs.

### People's experience of using this service:

Improvements were required to the way people's care was recorded and audited.

Improvements were required to the way care and staffing arrangements were planned.

People had risk assessments in place and staff were knowledgeable about people's risks.

Safeguarding systems were in place and reported appropriately.

Staff were trained to meet people's needs and supported.

People consented to their care and the registered manager had a good understanding of the Mental Capacity Act.

People were supported to have their healthcare needs met.

People were treated well and staff encouraged people's independence.

People were able to maintain their privacy and dignity.

People had care plans in place which reflected their care needs.

Systems were in place to record and investigate complaints, though no complaints had been received since the last inspection.

The registered manager promoted a culture of openness and encouraged people to provide feedback on the quality of the service they received.

### Rating at last inspection:

The last comprehensive inspection was rated, Requires Improvement (published 5 June 2018) with breaches. A follow up focussed inspection was rated Requires Improvement (published 9 October 2018) with breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 (Part 3).

### Why we inspected:

This was a planned inspection, based on the rating of the previous inspection.

### Enforcement:

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to governance systems. Details of action we have asked the provider to take can be found at the end of this report.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Millway

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

This inspection was completed by one inspector.

### Service and service type:

Supported living service.

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:

We gave the service 24 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

### What we did:

Before the inspection, we did not ask the provider to complete 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. However, the provider was given the opportunity to tell us all about the service and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with one person who used the service for the regulated activity, and three other people who shared the same house. We spoke with two members of care staff, one office member of staff, the deputy manager and the registered manager. We also spoke with one healthcare professional.

We reviewed the care records for two people and three 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, staffing rotas, and arrangements for managing complaints.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection, we found the service to be in breach of Regulation 12: Safe care and treatment. This was because there were concerns with risk assessments, how medicines were administered and checks on equipment. At this inspection, we found the service to have made improvements and they were no longer in breach of this regulation.

### Staffing and recruitment

- Staffing levels safely met people's basic needs. However further improvements were required to ensure when people's needs changed, staff were always available. For example, when people's health deteriorated, or when staff were busy supporting people with appointments out of the house. The registered manager confirmed that staffing levels were under review.

- Staff were suitably recruited, with appropriate checks taking place before new staff were employed. For example, references and background checks with the Disclosure and Barring Service (DBS).

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to keep people safe. Staff had a good understanding of how to report abuse. One member of staff said, "If I was worried [that anyone was being abused] I'd tell the manager, or if it was about him I'd report it straight to the council."

- Staff had access to clear guidance about how to respond if they had any safeguarding concerns.

- Safeguarding investigations were investigated, and appropriate action was taken to prevent similar occurrences.

### Assessing risk, safety monitoring and management

- People had risk assessments in place which provided guidance to staff about how to manage or reduce risks to their safety.

- One member of staff said, "We've changed things now to try and stop [Name] falling." Staff were able to explain the measures in place to manage people's risks and confirmed these were regularly reviewed if people's needs changed.

### Using medicines safely

- People medicines were managed safely. People's medicines were appropriately recorded, and staff were knowledgeable about what they were for.

- One member of staff said, "We always ask people if they're ready to take their medicines and we just get them ready for them."

- Medicines were stored securely and at the appropriate temperature.

### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) and understood when to use it.
- People were given guidance and support about good hygiene practices.

### Learning lessons when things go wrong

- The registered manager took an open approach and encouraged staff to share ideas about what could be improved.
- Following an incident involving the police, the registered manager had learnt from this and taken appropriate precautions to ensure similar incidents could not occur.



# 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

Good: ☐ 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; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs were assessed before they accepted into the service. The management team worked with other agencies, professionals, relatives and the person to gain an understanding of the true nature of people's care needs.
- People's assessments were used to help build a consistent approach to people's care once they began to use the service.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into the service and staff were required to regularly refresh their training.
- One member of staff said, "I'm happy with the training... It's relevant to who we look after."
- Staff received regular supervision and had an annual appraisal.
- One member of staff said, "There's lots more checks and structure now [since the registered manager arrived]. There's a better focus on how we [staff] are as well. It's much better now."

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

- People needed support to make appropriate food choices and we found this was an area that could be improved
- People had the capacity to make their own choices around food and staff respected this.
- Staff provided advice and guidance to people about nutritious meals. However, staff took a passive role.
- The registered manager confirmed that staff would take a more active role and take time to help show and educate people about healthier food options.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have their healthcare needs met.
- One person said, "They [the staff] take me to the doctors if I want them to."
- Staff were able to recognise when people's health had deteriorated and give them the support they needed.
- People had the ability to make their own decisions about their healthcare and staff provided additional assistance if necessary.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA and found that they were.

- People were able to consent to their care and the registered manager had a good understanding of the requirements of the MCA.
- Staff worked with people to consider and understand their options and respected their decisions in relation to their care needs.
- At the time of inspection, nobody receiving the regulated activity had been deprived of their liberty.

## Is the service caring?

### Our findings

Good: □ 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

- People were happy with the support they received. One person said, "The staff here are OK. [Name of staff] is nice, it's nice to have some help. They help me when I need it."
- Staff enjoyed their jobs and took pride in the people's progress.
- Staff related to people in a warm and friendly manner.

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

- People were involved in making decisions about their care. For example, people decided how they spent their time, and made decisions about the support they wanted with their care needs.
- People's care plans recorded how staff could support people and involve people about how they could manage their own personal care needs. Care plans were written in respectful language and ensured staff understood people had the right to make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, for example, staff knocked on people's bedroom doors and waited until the person granted permission before they entered.
- People's dignity was maintained. Staff supported people to understand how they could ensure their dignity was preserved. For example, by making suggestions regarding their personal care arrangements.
- Staff encouraged people to be as independent as they could manage. Staff understood this changed depending on each person's health and ability to complete tasks for themselves and offered appropriate support as needed.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans in place which gave guidance to staff about people's preferences and how they liked their care to be provided.
- Care plans were regularly reviewed and altered if people's needs changed.
- People were offered support with activities. One person said, "I like going bowling, but I don't want to go at the moment."
- Staff told us they encouraged people to complete activities they enjoyed but this was sometimes difficult as people were reluctant to join in activities. People had games and puzzles available to them, but we did not see people using these during the inspection.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs. For example, the registered manager had several guidance documents available in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- At the time of inspection, no complaints had been received within the last 12 months.
- Systems were in place for people to make a complaint or raise a concern. For example, the registered manager was always available and encouraged feedback about the service.
- People's care plans had information about the support people may require airing their concerns or making a complaint and staff were aware of this.

End of life care and support

- At the time of inspection, the service was not supporting anyone at the end of their life.
- The registered manager had an awareness of end of life care and confirmed that further support would be required if people needed this support.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, we found the service to be in breach of Regulation 17: Good governance. At this inspection we found repeated concerns with governance and this continued breach of Regulation 17.

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

- There were failings in how records were maintained and reviewed. The provider had systems in place to record activities, medical appointments, and incidents. However, these were not fully utilised, and many events were not appropriately recorded. For example, staff told us they regularly encouraged people to participate in activities, however these were not recorded.
- Staff used a mixture of paper records and electronic records and when the registered manager completed audits and reviews of people's care it was not clear what documents had been reviewed, or if all information had been considered.
- Quality assurance audits had failed to identify the improvements required at the service. For example, audits had failed to identify that people's nutritional intake was limited and may need further support. The audits had also failed to identify the inconsistent approach to record keeping and the improvements that were required to ensure all care was adequately recorded.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Improvements were required to the planning of care. One healthcare professional told us they felt there had been a decline in the planning of care and staff arrangements as people's care needs had changed. They said, "[As a result of] attending to [some] clients' basic needs, [this has been] to the possible detriment of the 'higher level' activities such as meal preparation and accessing the community."
- The registered manager and provider had plans to make changes to the staffing arrangements. However, at the time of inspection this had not been implemented.
- The registered manager acted as a role model to staff. They empowered and encouraged people to make their own decisions and valued their feedback.
- One member of staff said, "I feel like [the registered manager] really cares about all of us. It makes a difference."

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

#### characteristics

- People confirmed they saw the registered manager on a regular basis. The registered manager encouraged openness and was always available which encouraged people to have open and honest conversations about the service.
- People were comfortable in the presence of the registered manager who actively involved them in suggestions about their care, which were considered and acted on.
- Policies and procedures were in place to protect people's equality characteristics and these were respected by staff.

#### Continuous learning and improving care

- Following feedback from the inspection, the registered manager made immediate changes and took action to improve the service, for example, by ensuring easy to cook menus are available for people and staff will now encourage and support people in this area of care.
- People, relatives and other stakeholders were asked to complete an annual survey. However, no responses had yet been received.

#### Working in partnership with others

- The service worked in partnerships with others, particularly other healthcare professionals.
- Staff recognised when people required support from additional services, and updated them when people's needs changed.

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 17 HSCA RA Regulations 2014 Good governance  Governance systems were ineffective to identify and improve the service.