

Lilliput House Limited

Lilliput House

Inspection report

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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

Lilliput House is a residential care home providing accommodation and personal care for up to 54 people aged 65 and over. At the time of the inspection the home was supporting 42 people. It does not provide nursing care. The home is on three levels with access via stairs and a lift. There is a secure, level access outside space.

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

People were happy living at Lilliput House. One person said, "It's heaven." People felt safe and well cared for. Staff understood the risks people faced in their day to day lives and were skilled in working with them to minimise those risks.

People's desired outcomes were known, and staff worked with people, relatives and relevant professionals to help achieve and review these with their consent. Staff had received the necessary induction, ongoing competency checks and training to help them meet people's individual needs. People were encouraged and supported to retain their independence, maintain or develop new interests and live their lives as they chose. People enjoyed the varied activity programme.

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. People's specific communication needs were known, respected and met.

People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. Relatives were welcomed and felt listened to and involved. Staff and people were observed enjoying meaningful and respectful interactions. Staff knew people well including their preferences, abilities and achievements.

The manager had recently joined the home and was actively promoting a supportive, open and transparent culture. Management and staff understood their roles and responsibilities. Staff enjoyed working at the home and were supported to professionally develop. Annual surveys gave people, relatives, staff and visiting professionals an opportunity to express their views and contribute to improvements. Management felt supported and empowered by the two directors who regularly visited the home.

Quality and safety checks by the manager and senior staff helped ensure people were safe and protected from harm. This also ensured that practice standards were maintained and improved. Audits helped identify areas for improvement with learning from these shared with staff.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff attitudes, poor moving and handling practice, continence care and timeliness of response to people's needs. A decision

was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Rating at last inspection

The last rating for this service was good (published 24 January 2018).

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.

For more details, please see the full report which is on the CQC website at 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Lilliput House

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

The inspection was carried out by two inspectors.

Service and service type

Lilliput House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a registered manager at the time of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had applied to be the registered manager and was awaiting their registered manager's interview with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us annually 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 sought feedback from the local authority and professionals who work with the service. We also reviewed information we had received by telephone. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and two relatives about their experience of the care provided. We spoke with 13 members of staff including the directors, manager, deputy manager, head of care, team leaders, care workers, wellbeing nurse, housekeeping staff, maintenance manager, and the chef. We also spoke with one agency worker.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and staffing data and quality assurance records. We spoke with two professionals who regularly visit the service, another person's relative and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Although there were adequate numbers of staff to meet people's needs, we received mixed views about staffing levels at the home. The home had completed dependency scoring for people when they moved in but had not reviewed these scores. These scores contribute to decisions about staffing levels. We spoke with the manager and nominated individual who immediately introduced a staffing tool to determine how many staff were needed to meet people's needs. They agreed to share this with staff to demonstrate sufficient cover was in place. An agency worker stated, "It's a very busy house but I think we have enough staff." A relative said, "There always seem to be enough staff."
- The home had significantly reduced their use of agency staff since the arrival of the manager in June 2019. This meant people were receiving care from a more consistent group of staff familiar with their needs. A staff member said, "Good connections are important for the residents."
- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff and agency workers were unsuitable to support people at the home. This included references from previous employers, criminal record checks and review of agency worker's profiles.
- When the home identified shortfalls in practice standards timely internal investigations took place and disciplinary action was taken where required.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Although the manager carried out weekly audits of call bell response times, and we observed staff responding in a timely way, some people said they had to wait longer than they expected. After the inspection the manager advised us by email, 'I will of course maintain the call bell audits and we are in the process of updating the system so that I can see who calls more frequently and monitor this in real time.'
- People had personalised risk assessments and the required specialist equipment to help reduce risks associated with things such as mobility, skin integrity and poor dietary intake.
- Staff made detailed records of some people's food and fluid intake. However, the records were not always totalled to provide an overview and it was not clear whether lower intake had been reported. We spoke with the manager who immediately changed the process for monitoring to ensure there was a clear total and any actions recorded.
- General environmental risk assessments were completed to help ensure the safety of the home and equipment. These assessments included: water temperatures, home security, data protection and lift servicing.
- Staff competency assessments were carried out regularly and included monthly observations of staff to ensure good practice.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and

serviced. Fire procedures were displayed around the home. The local fire service had undertaken a risk assessment in April 2019 and concluded fire arrangements were satisfactory.

- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.
- The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors were minimised. Staff had received infection control training and understood their responsibilities in this area. Three new housekeeping staff had recently started at the home.
- Staff had access to personal protective equipment such as gloves and aprons and used these appropriately.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Lilliput House. Relatives also felt confident their family members were kept safe. One relative said, "[Name] is completely safe and well looked after."
- People were supported by staff who recognised the signs and symptoms that could indicate people are experiencing harm and abuse. Staff knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC. Local authority safeguarding contact numbers were displayed in the home for people, relatives and staff to refer to if needed.
- Staff told us they would feel confident whistleblowing if they observed poor practice. They felt confident they would be listened to and action taken in a timely way if they raised concerns.

Using medicines safely

- Some medicines requiring additional security were not held as securely as they should be. One lockable, metal cabinet was fixed to an internal wall rather than an external wall. This meant it was more at risk of being forcibly removed. We raised this with the manager who arranged for the cabinet to be fixed to an external wall. This was completed during the inspection.
- People's medicines were managed safely and only administered by staff with the relevant training and ongoing competency assessments.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines records were complete and legible. A staff member commented, "Records are easy to follow here. They are nicely written so everybody can understand them."

Learning lessons when things go wrong

- Staff recorded accidents and incidents appropriately although the manager agreed the forms needed more detailed information. They said they would encourage staff to do this. Body maps were completed and cross referenced with incident and care plan records and daily notes.
- The home had recently introduced a seven-day post falls monitoring form to help determine when follow up actions were required. This was in response to a local authority recommendation following a recent monitoring visit. The management analysed these records on a weekly basis which the manager then audited and signed off monthly.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Staff support: induction, training, skills and experience

- People had pre-admission assessments that supported their move to the home. This included: preferred name, preferred gender of staff for personal care support, infection control screening and continence needs.
- New staff received an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The manager told us, "Staff can have as many shadow shifts as they want until they feel confident."
- Staff received mandatory and role specific training in areas such as equality and diversity, food hygiene, promoting continence, nutrition and manual handling.
- Staff received supervision which was used as an opportunity to discuss people's needs
- People expressed confidence in the abilities of the staff supporting them. One person told us, "They [staff] really enjoy doing the job and know everything you need."

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Where people required support from staff to eat and drink this was provided in a calm and sensitive way that helped maintain the person's dignity. People's comments included, "The food is good", "You can turn your nose up if you don't like something" and "The meals here are good."
- In response to people's feedback the home had reviewed the quality and variety of food and were introducing more fresh food options prepared on site by the home's experienced chef. People chose their food each day and could have snacks outside all typical meal times.
- People's dietary needs and risks were known and met. This included where they had diabetes or required food and fluids of a specific consistency to reduce the risk of choking. The chef said, "The care staff give me all the essential information I need."

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

- The service understood the importance and benefits to people of timely referral to community health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including GPs, community nurses and chiropodists. One person told us, "If there's anything the matter it is acted upon."
- Management recognised and promoted the importance of supporting people's oral health. This was

recorded in detail when people moved to the home. Team meeting records and daily notes demonstrated staff understood and met people's needs in this area.

Adapting service, design, decoration to meet people's needs

- People lived in an environment that had been adapted to meet their needs. The home was spacious and tidy with areas of the home where people could meet with others living there or spend some time relaxing alone.
- The manager told us they were going to increase the size of signage so that it was more accessible for people with a sight impairment.
- Clocks and calendars around the home, including in people's rooms, were set to the correct time, day and month which helped people who experienced memory problems.
- The home's refurbishment programme included planned improvements to communal areas, landscaping of the rear garden and the introduction of a coffee shop.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been checked as part of the pre-admission assessment process. Staff had a good understanding of the principles of MCA 2005 and were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.
- At the time of our inspection only one person required a DoLS. The home had applied to the local authority for this person and kept a record of when this would expire. The person did not have conditions attached to their DoLS.
- Staff asked for people's consent before supporting them and provided them with information that helped them to make meaningful choices. This included when supporting them with personal care, meals and moving around the home.

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.

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

- People were supported by staff who were kind, caring and patient. Their comments included: "I am perfectly happy here", "I can't fault this place – it's heaven", "They [staff] make a real fuss of me", "I absolutely love being here" and "I am happy living here. I have comfort, freedom and the staff are very pleasant." A relative added, "Staff all seem to be kind, very nice and helpful."
- The service kept a record of compliments and shared these with staff. A selection we read stated: 'A heartfelt thank you for the care and attention you have shown me over the last three years. I have enjoyed many happy times and you should all be very proud of yourselves' and 'I found [family member] to be in excellent spirits and looking fit and well. Thank you to your excellent staff – bravo!'
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Faith based services happened regularly at the home which people could choose to attend or decline.

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

- People told us they could express their views about the care and support they received. People's care plans included many examples where they been given an opportunity to express their views about their care with staff respecting and supporting their decisions. For example, one person had a condition that could be affected by what they ate but had chosen to eat a normal diet. Another person was supported in their wish to sleep in their recliner chair at night rather than their bed.
- People had personalised their rooms with furniture and other items of sentimental value such as photos and ornaments. This made them feel settled and at home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was supported at all times. For example, we observed staff knocking on people's doors and waiting for a response before entering. When people wished to spend time alone this was respected.
- Staff helped people maintain their dignity for example when supporting them with their appearance and ensuring they had the appropriate continence aids.
- People were supported to remain as independent as possible. Staff understood the importance of encouraging people to do as much for themselves so that they were able to help maintain their daily living skills and increase their sense of self-worth. For example, domestic staff encouraged people to make their own bed and polish their furniture if they wished to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Prior to the inspection we received information indicating possible risks from people not receiving support from two staff when required. We checked this with people during the inspection. Each person told us they always had two staff supporting them when required for example when needing the use of specialist equipment to help them transfer. One person told us, "Staff won't do anything unless it's safe. If they need a colleague to help you they will go and get someone."
- People and their relatives told us continence needs were met appropriately. One relative said, "I have no concerns about continence management at all."
- People received personalised care. Their needs, abilities, life history, and preferences were documented, known and supported by staff. People's care needs were reviewed monthly. One person expressed, "Whenever you want anything they [staff] are here. They are more than helpful." A staff member told us staff were now allocated to one of the home's three floors which meant, "You know people's needs better."
- People had choice and control over how they spent their time. This included uninterrupted time with relatives and friends in their rooms, in numerous communal areas or the garden.
- People had the opportunity to engage in a varied range of activities both in the home and local community. A structured activities programme was in place which was displayed in the home. This included arts and crafts, creative drawing, yoga, reminiscence and visiting entertainers. One person told us, "Entertainers have been very good. We are given a list of activities which includes singing and dancing. I enjoy that." Another person said, "We get marvellous entertainment!"
- People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. For example, when new people moved in the manager showed them how to use the telephones in their room to ensure they could stay in touch with people. One person said, "My [relatives] can come at any time – it's an open house."

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 identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals. The manager told us that information could be provided in different formats, such as large print, if required.
- Staff had a good understanding of people's communication needs and used these when interacting with

them. This included speaking to them face on and using body language and words most appropriate to facilitate meaningful conversation.

Improving care quality in response to complaints or concerns

- The home had an up to date complaints policy and procedure which were displayed in the home. New people were provided with this information on admission.
- Complaints were logged, tracked and resolved in line with the provider's policy. People told us that if they were unhappy with anything they would speak to the manager. One person said, "I've never had any complaints. I really cannot fault them."

End of life care and support

- People were supported by staff who had been trained in death, dying and bereavement. This included being able to support family members at this emotional time.
- There were three people receiving end of life care at the time of our inspection. Each of these people had end of life care plans in place.
- People who wished to discuss their end of life wishes were supported to do so. Where people had expressed that they did not want to engage in this process this was respected.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People lived in a home with an open and welcoming atmosphere. A relative said, "I like the home, it's nice." Staff commented, "It felt right when I moved here. We're all here for the residents", "I'm very happy here", "I'm really happy when I'm coming here" and "It's fab here. I'm not going to move anywhere." The manager expressed, "I'm proud I've got the job I've always wanted to do. I want to ensure the residents get the care they deserve."
- Staff used walkie talkies to communicate with each other around the home and summon support when needed. We heard staff speaking to each other respectfully and supportively using these devices.
- The manager had been at the home since June 2019 and was applying to become the registered manager. They were seen as supportive and approachable. An agency worker told us, "This is my favourite home. [Name of manager] is everywhere all the time. She is lovely." Staff comments included: "[Name of manager] is fantastic" and "Any troubles and I can go to [name of manager]." A relative said, "The manager is lovely, Very attentive."
- Staff supported each other and worked well together. The manager said, "I'm trying to instil the ethos of a Lilliput family where the staff support, understand and are there for each other." A staff member told us, "We share our knowledge at Lilliput House. We are a really supportive team." A new staff member said, "I've been made so welcome, it's unbelievable."
- Staff felt listened to and involved. One staff member said, "[Name of manager] said 'I'm open to all suggestions you have.'"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management and staff were clear about their roles and responsibilities. Staff files contained staff job descriptions which detailed their role specific duties. The manager said, "I have given the staff ownership. I've got a good management team." A staff member commented, "[Name of manager and deputy manager] know how to organise things."
- Management felt supported by the two directors who were present during the inspection and visit the home weekly. The manager said, "They [the directors] are so good. They've given me ownership and support everything I do." A staff member said, "The directors are brilliant. They've really got their heads screwed on." One of the directors told us, "It's really important for us that staff feel empowered to do their jobs."
- Daily handover meetings were well attended and included updates for each person, hospital

appointments, new medication, current illnesses and repositioning reminders. This helped ensure staff had an overview of people's needs, risks and progress. A staff member said, "We have very good handovers."

- The manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The manager understood the requirements of Duty of Candour. They told us it is their duty to be, "Open and transparent with everybody concerned if there is an incident."

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

- People were able to feedback and influence the care they received via residents' meetings and annual surveys. People and staff had feedback positively in 2019. For example, 100% of people stated they were involved in creating their care plan, felt staffing levels were adequate and were either 'very satisfied' or 'extremely satisfied' with the care and support they received. Staff survey results were 100% positive about areas including: training, regular supervision and appraisal and support from management.
- A range of team meetings were held monthly to help ensure all staff felt supported and had opportunity to reflect on team performance. Topics discussed included: record completion, dress code, training, team work and praise for colleagues achieving qualifications. Staff were regularly thanked 'for all the hard work' and 'going above and beyond.'

Continuous learning and improving care; Working in partnership with others

- The management of the home completed regular checks which helped ensure that people were safe, and the service met their needs. Monthly audits included areas such as: infection control, care plans, medicines, and equipment checks.
- Staff were supported to acquire new skills and knowledge. Where staff had requested to do a diploma in health and social care the manager had agreed this. Team meeting records showed these were used as an opportunity to discuss and learn about new policies.
- The manager was doing a diploma in leadership and told us they kept their skills up to date by participating in learning sessions run by the local authority.
- The home worked in partnership with other agencies to provide good care and treatment to people both when living at the home and to support their transition to alternative care and accommodation when required or desired. Healthcare professionals felt the home was 'organised and professional.'