

Lilliput House Limited

# Lilliput House

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Lilliput House is a residential care home providing accommodation and personal care for up to 54 older people. At the time of the inspection the home was supporting 24 people. The home was on three levels with access via stairs and a lift.

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

People, their relatives and staff were happy and confident in the management of Lilliput House. People's risks had been identified and plans were robust to either reduce or remove the risks for them in their daily life. Plans were personalised and reviewed regularly. Staff understood safe ways of working in order to keep people safe.

Staff had the necessary skills and training which enabled them to carry out their role effectively. They told us that training was good and varied and they had more than enough to support them. Staff training and practices were regularly observed by senior staff and guidance given when this did not meet the required standard. Infection control was managed well within the home. There were plentiful supplies of personal protective equipment (PPE) and we observed staff compliance with this.

The management team at Lilliput House were established, were considered effective and staff had confidence in them. The registered manager was supported by a deputy manager and care co-ordinator who all had their own specific roles within the home. Feedback we received about the management team confirmed they were open and transparent.

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

### Rating at last inspection

The last rating for this service was good (published 29 November 2019).

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had about staff skills, training and risk management within the home. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# Lilliput House

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about staff skills, training and risk management within the home.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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 unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care co-ordinator, head of care, senior team leader, care assistants and activities co-ordinator. We made general observations around the home noting the interactions between staff and people living at Lilliput House.

We reviewed a range of records. This included two people's care records in relation to risk management. We looked at two staff files in relation to staff supervision, performance management and training.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff skills, training, risk and staff management within the home. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people for their care and support needs. There were general risk assessments for the home this included risks resulting directly from COVID-19.
- Where people needed support with moving, plans and equipment were in place to ensure this was done safely. Monitoring of staff practice took place monthly as a minimum.
- Risk assessments were updated monthly as a minimum or as things changed. An electronic care planning system was in place which meant changes could be made instantly and staff were kept updated.
- Staff had a good knowledge of people's risks. People were supported to take risks in a safe way. A relative told us, "They know my loved one [name] and they manage the risks really well".
- Risk assessments included clear instructions for staff on how to minimise risks for people. They were personalised and showed the care the person needed with outcomes, risks associated and how to minimise or eliminate them.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff skills, training, risk and staff management within the home. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- There was an induction for all staff to complete when they started their employment. This covered subjects such as; safeguarding, dignity and infection control.
- Staff told us they were supported to carry out their role. Regular supervisions and the registered managers 'open door policy' encouraged this.
- Staff were required to undertake various training courses to enable them to carry out their role effectively. All staff had received training in moving and handling people. The deputy manager was responsible for monitoring staff training and ensuring compliance.
- Staff training records showed that staff were up to date with all training required. A staff member told us, "We have lots of training, we just did moving and handling training. Using slide sheets, slings and equipment".
- Staff had formal supervisions which were two-way conversations. Staff were observed carrying out their daily work. These checks contributed to keeping people safe and staff practices were checked.



# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff skills, training, risk and staff management within the home. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Quality assurance systems in place were effective and robust. Monitoring, support and observations within the home took place at a provider level on a weekly basis.
- The registered manager was supported in their management role by a deputy manager and care co-ordinator. Staff understood their role and responsibilities.
- A variety of quality assurance audits were carried out to monitor the standard of care provided. For example, infection prevention and control, medicines, care planning and dignity audits.
- People, their relatives and staff had confidence in the management of the home. The registered manager was visible, and staff told us things were dealt with in a timely manner.

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make referrals to external agencies. A health and social care professional told us they felt the registered manager was open and transparent.
- The home had made all statutory notifications to CQC as required by law. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.