

Progressive Care (Derbyshire) Limited

Lilybank Hamlet Care Home

Inspection report

Lilybank Hamlet
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Website: www.progressivecare.co.uk

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Lilybank Hamlet Care Home is a residential care home providing personal care and support for up to 42 older people in the main house, some of whom are living with dementia. A second smaller home adjacent to the main house provides personal care and support for up to five people with a learning disability. At the time of our inspection there were 36 older people living in the main house and the second smaller home was fully occupied. The main house is set over three floors, with a variety of different room sizes and features. All rooms have wash basins and some are fitted with en-suite bathrooms. There is a lift available to access the upper floors in the building. There are numerous lounges, a conservatory, a formal dining room and hairdressing salon on the ground floor.

As it relates to the small home setting, the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe using the service and were protected from abuse and the risk of abuse. The staff team understood how to identify and report safeguarding concerns. Safe recruitment practices were in place. Risks to people were assessed and managed. Medicines were safely administered, stored and recorded. Infection control measures were in place to protect people from the risk of infection and regular checks of the safety of equipment and the premises took place.

People had personalised assessments of their care needs in place. Care plans were developed with people and their families and included their preferences and routines. People had a choice of nutritious food, drinks and snacks. Options were available at each meal time and people's dietary needs were met. People were supported in the least restrictive way possible and were supported to have maximum choice and control of their lives.

People felt the staff were kind, helpful and caring. People were treated with dignity and respect and their privacy was respected. People were supported to maintain relationships with friends and family. People were encouraged to remain as independent as possible. Advocacy services were made available to anyone who needed them.

People's care was responsive to their individual needs. People's communication needs were included in care plans, this meant staff were able to communicate with them in a meaningful way. A variety of group or individual activities were available. People and their relatives were aware of how to raise a complaint which were acted upon promptly by the management team.

The registered manager was committed to providing a good standard of care. Staff felt supported by the management team and team morale was positive. The registered manager was aware of their regulatory responsibilities. Regular audits and checks ensuring the service was safe and of a good quality were conducted. People, their families and other professionals were encouraged to provide feedback and suggestions. The management team worked with other professionals from health and social care in a multi-agency approach to ensure good outcomes for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 Good (4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Lilybank Hamlet Care Home

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 team was made up of two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lilybank Hamlet Care Home 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

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 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 nine people who used the service and six relatives about their experience of the care

provided. We spoke with nine members of staff including the nominated individual, registered manager, head of hospitality services, senior care staff, care staff, the chef, assistant chef and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to a visiting health professional who works closely with the service.

We reviewed a range of records. This included four people's care records and multiple medicine records. We reviewed records relating to the management of the service, including audits, training records, accidents and incident records and complaints and compliments files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed quality assurance analysis reports and reviewed supervision records of staff.

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.

Preventing and controlling infection

- People lived in an environment that was kept reasonably clean and tidy. We noticed malodours in several areas of the building which improved with domestic support later in the day. The registered manager was working on solutions including changes to flooring to address this issue.
- Communal areas were cleaned throughout the day by a domestic team and laundry services were managed effectively. A schedule of cleaning was in place to ensure all areas of the service were attended to.
- Staff received training on infection control practices. Staff were observed to be wearing PPE (Personal protective equipment) such as aprons and gloves when cleaning, when preparing to assist people with personal care or when helping people with their meals.
- The kitchen was kept clean and was well-organised. The kitchen had recently been awarded a score of five by the Food Standards Agency, which is the highest score possible. The kitchen has held this highest score for several years.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure at the service. A person said, "I feel secure because they look after you and watch out for you."
- Staff knew how to identify and report abuse and safeguarding procedures were in place to investigate any concerns. All staff, regardless of role had taken safeguarding awareness training.
- Staff told us they felt confident to challenge poor practice and raise concerns with the management team if required. A member of staff said, "I would challenge it on the spot, and I would tell my manager as well."

Assessing risk, safety monitoring and management

- People's needs were assessed and included assessments of risk. Individualised plans were put into place to minimise those risks.
- Regular checks of the premises and equipment were carried out to ensure the environment was safe for people. The management team carried out routine checks and audits.
- Staff had access to policies and procedures and had received training on health and safety.

Staffing and recruitment

- People told us staff were available to meet their needs. Several people told us they might have a short wait if they activated their call bell but knew staff would be with them soon. One person said, "Sometimes they are quick but not always, it depends on what they are doing."
- Sufficient numbers of suitably experienced and trained staff were scheduled to safely meet people's needs.

- Recruitment practices were safe and checks were carried out to ensure staff were suitable for the role they had applied for prior to beginning work with people.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored, administered and recorded safely. Policies and procedures were in place to ensure uniformity in how medicines were managed and audits were carried out to ensure policies and procedures were followed.
- Some people received medicines, 'as and when' they were required. We observed staff offer these medicines to people at appropriate intervals throughout our visit.
- A visiting professional told us the service had improved communication with the local surgery and chemist to ensure required medications were ordered and delivered in a timely way. This meant people's medicines were kept in a sufficient supply on site.

Learning lessons when things go wrong

- When accidents or incidents occurred, the management team investigated and analysed how to minimise further occurrences. Any identified information was passed on immediately to the staff team at handover meetings.
- Following accidents or incidents the management team used team meetings or individual supervision sessions where appropriate to discuss these situations as a learning opportunity.

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

- People's physical, mental and social needs were holistically assessed. Their care and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes.
- People told us staff provided them with all the care they needed. One person told us the best thing about being there was, "The attention I get from staff. It is nice to have folk to rely on."
- People, their relatives and professionals all believed the staff provided a good level of care.
- People's individual needs in relation to diversity were recorded in their care plans. We saw evidence that a person's needs around religion had been explored and were being met.

Staff support: induction, training, skills and experience

- People benefitted from a well-trained and experienced staff team. All staff had a formal induction relevant to their role which included classroom learning, shadowing senior staff and competency checks.
- The staff team were made up of people with different levels of formal professional qualifications and experience. All staff in a caring role completed the Care Certificate, which is a nationally-recognised training programme. Most staff continued with additional vocational qualifications or further studies in areas such as dementia care or end of life care.
- Staff training records showed staff attended initial and refresher training courses on a variety of topics and these were current.
- Staff received regular support and guidance through formal supervision which was recorded. The registered manager and her team were accessible and available to staff informally for guidance at any time.

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

- People were supported to maintain a healthy and balanced diet. Fresh and nutritious food was provided at meal times and there were drinks and a variety of snacks offered outside of meal times. During meal times people were observed enjoying their food.
- People had a choice of meals and knew the menu items on offer in advance. If a person wanted an alternative to what was on the main menu, the kitchen was happy to prepare a different meal. One person told us the main meal on offer was, "Meat and potato pie, but I don't eat potatoes so the chef has made me a meat pie. I also don't like chocolate so the chef will make something for me without chocolate – and I get all the yoghurts I want."
- The chef was aware of people's food preferences, allergies and any special dietary requirements and kept up-to-date records to hand in the kitchen. People's care plans also included these details for other staff to reference.

- Food and fluid charts were kept to record people's intake where their weight needed monitoring. Any concerns relating to nutrition or hydration were referred to health professionals.
- The chef prepared a picture board with different food items that were available for people to see to help them choose their tea-time meal. Where people suggested food items to be added to the menu, the chef accommodated the requests where possible.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a multi-agency team of professionals. The service had good links with GPs from local surgeries, social workers from the local authority and visiting nurses.
- Staff worked with health and social care professionals to ensure people received a good initial assessment when moving into the service. Reviews were conducted with other involved agencies, people and their families to ensure people received consistent and coordinated care.
- A Health professional told us referrals for specialist services were made in a timely manner and a communication book to pass on non-urgent information was in place for visiting nurses to review. We were told staff communicated any serious concerns right away.

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

- People lived in a setting that was accessible for all mobility needs and welcoming. People had a choice of a variety of communal settings or could choose the privacy offered in their rooms.
- The main house had the feel of a traditional grand hotel, with high ceilings, stained glass fixtures, a large lounge for activities, a quiet conservatory and a landscaped garden. People's bedrooms were individually decorated with their own furniture, artwork and keepsakes.
- Signage compatible with good dementia care guidance was in place to guide people to toilets, lounges or bedrooms. People's doors had their name and symbols such as a red/amber/green sticker to remind staff of mobility needs should an evacuation be necessary.

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

- People were encouraged to maintain good health. This was supported with good nutrition and hydration, access to medical services, activities and interaction with staff and personal care support. People were supported to attend appointments where required.
- Nurses from local surgeries attended the service each week to review the wellbeing of people. One nurse told us they felt the staff knew people well and were able to notice subtle changes in their presentation. This allowed for more timely referrals when changes were noticed.

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 maintained choice and control in most aspects of their daily lives. Where necessary, mental capacity assessments had been completed. Where people lacked capacity to make a particular decision, a

best interest decision was made on their behalf.

- DoLS applications had been made appropriately. Staff had access to documents relating to any conditions of DoLS authorisations they were required to follow. Best interest decisions were recorded and kept in people's care plans for reference.
- Where people required assistance to make an important decision and did not have a family member or next-of-kin designated, the registered manager made a referral to ensure an independent advocate was put in place.

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 told us they were happy living at Lilybank Hamlet. A person said, "It is lovely here, I'm very happy, I can do what I want." Another person told us, "Staff here are so kind. They are busy sometimes, but you notice how kind they are to others."
- Relatives also felt people were treated with kindness and respect. A relative said, "Staff are fantastic, very caring, understanding and help out whenever needed." We observed many visitors to the service during inspection. A relative said, "Staff are very understanding of the needs of visitors as well as residents."
- We observed caring interactions between people and staff who knew them well. People knew about staff as well and were able to tell us about them. There was a level of understanding and trust between people and staff that made their interactions comfortable and seamless.

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

- People were able to express their views to staff and the management team at any time. We observed staff give people choice in things such as what they wanted to eat, what activity they wanted to do, where to have a meal, when to get up in the morning or what to wear.
- People were consulted and asked for their opinions in formal surveys, questionnaires and through residents and relatives meetings with staff and the management team. People were involved in their care plans and reviews where possible.
- People were asked for their consent in aspects of their care. We observed staff asking for permission to remove a plate at lunch, asking a person if they wanted their 'as and when' medicine or gaining a person's consent before assisting them to be hoisted from a chair.
- Advocacy services were made available when needed to support people.

Respecting and promoting people's privacy, dignity and independence

- People received care and support that promoted their independence. Where people were able to perform tasks or parts of tasks staff allowed them to do so. As people's needs changed staff adapted their approach accordingly.
- Staff saw people as individuals and treated them in a respectful and dignified manner. A staff member said, "I know them very well, it's important. At the end of the day they are people with histories, with lives. You have to give them time to tell you about themselves. They are not invisible. Each day when I leave here, I've done my best for them."
- We observed people being offered choice in how they wanted care and support provided. A person requiring treatment of a health need who was sitting in a lounge was consulted on whether they wished to

move to a private place for the treatment.

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

- People had personalised care plans that reflected their histories, needs and preferences. Plans were sufficiently detailed to inform staff of how people's needs could best be met.
- People were offered choice and staff ensured care was individual to each person. A staff member said, "Personalised care is about people getting the care they choose. It is important that we ask and then act."
- Relatives told us the staff and management communicated information about their loved one's care and support. Where appropriate relatives were involved in care plan reviews.

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 and any special requirements or equipment due to sensory loss were recorded in their care plans. Staff knew people's communication styles well.
- Information was provided in different formats for better understanding of the entire group of people. Examples were observed such as subtitles used on the main TV in the large lounge, written signs and symbols on doors, and photos of different food options on the tea-time menu.
- Although it wasn't required at the time of our inspection, documents could be made into a large-print format or translated into different languages by the provider upon request.

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

- People had access to individual and group activities within the service and in the wider community to offer stimulation and to prevent social isolation. The service provided offerings such as visiting entertainers, arts and crafts, games and quizzes, access to religious services and inter-generational activities with a local children's creche.
- People were encouraged to become involved and remain active. People cared for the canary and a frog that lived at the service. Other people were involved in a knitting project to provide knitted hats for newborn babies at a local hospital. People were observed to be involved in arts and crafts, a basketball game, chatting with others or reading books or newspapers.
- People were encouraged to maintain relationships with relatives and friends. Relatives felt welcome at the service and people received visits or telephone calls from relatives and friends during our inspection. Staff were happy to provide people with phones to take the calls.

Improving care quality in response to complaints or concerns

- People and their relatives were supported to make a complaint or raise a concern to anyone at the service. Formal complaints were recorded and responded to through a formal process.
- Following a complaint, an investigation took place with a view to improving the experience of people and to ensure any concerns were suitably addressed.

End of life care and support

- People were supported at the end of their lives to have a comfortable, dignified and pain-free death. Staff worked with people, their relatives and health professionals to ensure people's needs were anticipated and met. A health professional told us, "[Staff] tend to know when changes in people may indicate it is time to put things in place. It is well-managed here."
- Staff received training related to end of life and were aware of the sensitivity of this issue
- Staff worked with health professionals to ensure people's wishes around end of life were collected and recorded to allow them to identify these preferences in advance.

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; 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

- People used the words, "Happy, content and settled" in their conversations with us to describe living at the service. People were observed to be comfortable and engaged in their surroundings.
- Relatives felt their loved ones were well supported by staff. A relative said, "Whilst [person] has been here they've been kept safe, secure and have had social activities. They have also eaten well and have gained weight."
- People were encouraged by staff to be involved and active. People were observed to be happily engaged with whatever they were doing, whether participating in a communal or individual activity of their choice.
- Personalised care was delivered and tailored to people's needs and preferences.
- Staff provided support to enhance the experience of people living at Lilybank Hamlet and were supported to remain as independent as possible.
- The registered manager was aware of their legal responsibilities and investigated accidents and incidents in a timely manner. Records showed following an investigation, actions were completed and the registered manager communicated in an open and transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All required statutory notifications were made to us and to local authority and health partners as required. Notifications were thorough and included all relevant information.
- Systems and processes were in place for audits, quality assurance and for the improvement of practice.
- There was a clear staffing structure in place. Several staff were cross-trained in other roles which offered flexibility in scheduling and covering for staff absence. There were no temporary staff used that were not directly employed and managed by the service.
- There was a supportive culture that was open and transparent. Staff enjoyed coming to work and said teamwork in the service was good. A member of staff said, "It is like a family unit here. It is relaxed although we're busy. It has a good team atmosphere."
- Staff had regular supervisions and team meetings where individual and group learning took place. Records of supervision included discussions around personal and professional development. Staff were encouraged to bring forward suggestions on improving the service.
- Staff received training at required intervals. Staff were involved in taking on additional training in topics

such as end of life support and were encouraged and supported to complete nationally-recognised qualifications relevant to their roles

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were invited to participate in meetings where their feedback was taken forward to drive changes and improvements in the service. People, relatives and staff felt comfortable approaching the management team if they had questions or concerns. A relative said, "[The registered manager] understands our situation and listens to our requests."
- Ties with local churches to provide pastoral support and to enable people to participate in their faith were made. Inter-generational projects were in place with a local creche to benefit both the local children and people living at the service. Most recently, people and the local children participated in a Valentine's Day card exchange which was enjoyed by both groups.
- The service worked in partnership with health professionals to ensure people received individualised care and support promptly. A health professional said, "The managers and staff know people well and recognise changes in them. Referrals are made in a timely manner." Records confirmed that referrals to specialist services were made when required.