

Lilies Home Care Ltd

Lilies Home Care

Inspection report

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21 November 2018
23 November 2018
27 November 2018

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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

The inspection took place on 21, 23 and 27 November 2018. The inspection was announced in line with our current methodology for inspecting domiciliary care agencies. This is the first time this service has been inspected since they registered with the Care Quality Commission (CQC) in November 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children.

The CQC only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. At the time of our inspection nine people were receiving personal care.

The service was managed by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed. Infection prevention and control procedures were in place and staff followed these.

Staffing levels were maintained to ensure that people's care and support needs continued to be met safely and there were safe recruitment processes in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's needs and choices were assessed and mental capacity assessments were undertaken.

Staff displayed empathy and worked with people and their relatives to understand how best to support them. Everyone we spoke with, without exception, said they were very happy with the service being provided. Staff were kind, considerate, respected people and maintained their dignity.

People received individualised, personalised, person centred care that met their needs. People were supported to live fulfilled and meaningful lives.

People were listened to and any complaints received were dealt with following the providers complaints policy and procedure.

Staff told us they enjoyed their work and received regular supervision and training. Staff were complimentary about the management team and how they were supported to carry out their work. The management team were also clearly committed to providing a good service for people.

Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through direct discussion with the registered manager and staff, or through the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely.

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.

Staff were recruited safely. There were enough staff to provide people with safe care and support.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good ●

The service was effective.

There was a system in place to ensure staff were trained, training needs were identified and staff were suitably supported.

People were supported by staff who had been trained in the Mental Capacity Act and applied its principles in their work.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. People were respected and had their dignity maintained.

People's individual, diverse needs were respected by staff who understood equality and diversity.

Is the service responsive?

Good ●

The service was responsive.

People's care records were comprehensive, up to date and regularly reviewed.

There were arrangements in place to respond and learn from feedback from people, relatives and staff.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

The service was well-led.

A registered manager was in place who provided effective leadership and management to drive improvements.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Good ●

Lilies Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection included a visit to the agency's office on 21 November 2018. Phone calls to people and their relatives using the service 23 November 2018 and some phone calls to staff 27 November 2018 to get their views of the service. The registered manager was given short notice of our inspection, in line with our current methodology for inspecting domiciliary care agencies.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting nine people with personal care who wished to retain their independence and continue living in their own home.

The inspection team consisted of one Adult Social Care inspector 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, in this case this was older people. They supported with this inspection by carrying out telephone interviews to seek the views and experience of people using the service.

On 21 November 2018 we visited the agency office and spoke with the registered manager, the office manager and a care worker. When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included people's care records, staff training, support and employment records and quality assurance audits.

On 23 November 2018 the Expert by Experience spoke with relatives and people who used the service by telephone to obtain some feedback on how they found the service provision.

Is the service safe?

Our findings

All the people and relatives we spoke with felt the service was safe. One person said, "It is fantastic, I am definitely safe." A relative we spoke with told us, "The care is absolutely first class, I have no concerns regarding safety."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned. One staff member said, "We have attended training in safeguarding."

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of falls due to limited mobility, the moving and handling risk assessment was very detailed to ensure staff had the appropriate information to meet the person's needs safely.

Environmental risk assessments had also been completed and the registered manager had considered what action to take in an emergency, if it occurred in people's homes.

There was sufficient staff available to meet people's needs. Staff we spoke with told us there were sufficient staff to ensure calls were on time and people's needs were met. One care worker said, "It is good that calls are an hour, we have time to do everything for people and don't have to rush the person." Another care worker said, "We have plenty of time between calls, we are always on time." People we spoke with also confirmed staff were on time, stayed the allocated time and did not rush. One person said, "Staff are brilliant they never miss a call."

This register manager had ensured that they had obtained all the required pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

People were receiving their prescribed medicines from competent staff. We looked at people's care records and found that the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records (MAR) were in place and completed by staff.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care.

Systems were in place to ensure Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes.

Is the service effective?

Our findings

People we spoke with told us the staff were very good. One person said, "They [The staff] are great. They are so helpful." Relatives we spoke with also praised the staff. One said, "They go above and beyond to help."

We saw detailed needs assessment took place that included any cultural and spiritual expression, diet and sexuality. This enabled a detailed care and support plan which reflected people wishes, needs and preferences. People who were able and wanted to, were involved in the development of these plans and they detailed information about friends, family, activities and communication styles. One person said, "I was included in developing my care plan. I told them what I wanted and they wrote it down."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that staff had completed training in this subject and staff we spoke with confirmed this. The staff we spoke with had good knowledge of the MCA.

We found care records contained information in relation to people capacity to consent. We saw people had signed to say they agreed with their care plans and had been involved in writing them.

Staff supported people with diet and people we spoke with, and their relatives, all spoke positively about the support staff provided regarding food and drink. Staff told us how they offered support to assist people to prepare meals, drinks and snack and how they ensured people received a balanced nutritious diet that supported their health and well-being, whilst respecting their rights to make unwise decisions.

We saw from records and talking with people and relatives that staff supported people with their health care as and when they needed it. Records showed people attended their GP's, hospital appointments and dental appointments. One relative told us, "They take [relatives name] to appointments and are very good at ensuring all information is available for the appointment, and after the appointment the outcome is fed back to us."

All the staff we spoke with confirmed they had received all the necessary training to be able to fulfil their role and responsibilities. Staff received regular supervision and the registered manager carried out regular unannounced spot checks on staff which included observing to ensure effective practices were adhered to. One staff member said, "This is so much better than where I have worked before."

The registered manager told us new staff completed an induction which included training that was tailored to meet their individual needs. The staff we spoke with confirmed this. Staff we spoke with said the training was very good.

We saw staff completed the 'Care Certificate' if required. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

Is the service caring?

Our findings

The people that we spoke with and their relatives all without exception told us the staff were very kind, caring and compassionate. One person said, "Absolutely first class, I'm well looked after." Another person said, "They don't rush, they are very caring."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring. Staff had a good knowledge and understanding of people. Staff had regular visits to the same people, which meant they knew people and their needs well. Staff spoke with passion and enthusiasm about their work. They told us, "I like my job, we all work together as a team."

People and their relatives were listened to and felt involved in making decisions about their day to day care. One relative said, "I'm impressed, anything I have asked for has been done. We are certainly listened to."

People were supported in line with their needs and wishes. We saw from care records that staff supported people to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. For example, ensuring all curtains and doors were closed when providing personal care.

People, and their relatives if applicable, were involved in planning their own care. An initial assessment of need was completed. The care plan showed what was important to people and how best to support people with various tasks. One person said, "I have the same carers all the time, they know me so well and are my friends now, they chat to me and I'd be lonely without them."

Staff explained they were never rushed and how the management team encouraged them to stay longer at someone's house if this was needed to meet their needs safely and effectively. One staff member told us "We always have enough time, we never have to rush off to the next call."

All staff we spoke with told us they were happy to work there and would like their family to use the service. One staff member said, "I have worked in care for a long time and I would say the staff and owners really care about the people."

Is the service responsive?

Our findings

All the people and their relatives, that we spoke with told us the staff provided personalised care and support that was responsive to the needs of the people who used the service. One person said, "It is a very professional service, they understand [relatives name] meet their needs and I am very happy." Another relative said, "The communication is excellent and this ensures [relatives name] receives the appropriate care and support."

We reviewed people's care plans and found they were person-centred and detailed. Information about people's likes, dislikes, routines personalities and personal qualities were recorded.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed, as well as information about any observed changes to the person's care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. These records were regularly returned to the office for auditing.

The care plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, race, gender, disability, age and religion or belief. Staff we spoke with were very knowledgeable on equality, diversity and human rights and actively promoted individual care, that meant people lived a fulfilling life.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan. There was regular communication with people so that staff could make sure they were kept up-to-date with information about the running of the service, and had an opportunity to ask questions and put any ideas or suggestions forward. People we spoke with told us they were listened to and had any issues resolved.

At the time of our inspection the service was not supporting anyone who was at end of life. The staff told us they were fully aware of what was required should the need arise and had received training to ensure they could meet people's needs who were at the end of their lives.

The registered provider had a complaints procedure in place. People told us they would speak with the staff if they had any concerns at all. The agency had not received any complaints to date. The registered manager told us if they receive a complaint it would be recorded, investigated and responded to in line with the agency complaints procedure.

Is the service well-led?

Our findings

There were clear lines of responsibility and accountability within the service. The registered manager promoted an open and inclusive culture within the service, and had developed good working relationships with the other agencies. Staff told us the registered manager was very supportive and approachable. Staff also confirmed there was a positive culture.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the service only took on new work if they knew there were the right staff available to meet people's needs.

We found systems were in place for managing safeguarding concerns and incidents and accidents. The registered manager had systems in place to learn from any such events, which included putting measures in place which would mean they were less likely to happen again.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. A quality review form was sent out, this was last completed in September 2018; the results were very positive. People and their families told us the management team were very approachable. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided.

Regular audits of the quality and safety of the service had been devised and implemented. This enabled the service to evidence continual improvement by developing and regularly reviewing an improvement action plan.

The registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events in line with the requirements of the provider's registration. Records were kept securely and confidentially, in line with the legal requirements.