

Lilena Care Home Cornwall Limited

# Lilena Residential Care Home

## 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

Lilena Residential Care Home is a care home providing personal care to 14 people who have mental health needs. At the time of the inspection 12 people lived at the service. The home was on two floors with a range of communal areas. These included dining spaces and lounges.

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

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Risk assessment procedures were satisfactory so any risks to people were minimised.

The medicines system was managed effectively. The system was well organised, we did not find any errors, recording was to a good standard and people said they received their medicines on time. Staff received suitable training about medicines.

Staff were safely recruited. Checks such as employment history, Disclosure and Barring Service and references had been obtained prior to staff starting work. However, evidence of satisfactory conduct in previous care employment had not been obtained for one of the four staff files we reviewed. We raised this with the registered manager to ensure they carried out this check when making future recruitment decisions.

Staffing levels were satisfactory. We observed people receiving prompt support from care staff when required. People said they were happy with the support they received and they did not have to wait too long.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. However the exterior of the building needed cosmetic improvement as its current presentation detracted from generally good facilities and service provided.

The service had suitable assessment systems to assist the registered provider to check they could meet people's wishes and needs before admission was arranged.

People received enough to eat and drink. Some people said the quality of meals was good and they received a choice about the meals they received.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice.

Care planning systems were satisfactory. Care plans outlined people's needs and were reviewed when people's needs changed.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities. People had the opportunity to regularly go out on trips and for walks.

People felt confident raising any concerns or complaints. The service had an effective complaints procedure.

Staff induction procedures were satisfactory. Staff received suitable training to carry out their roles. Suitable records were available to demonstrate staff received regular one to one supervision with a senior member of staff.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service was managed effectively. People, relatives and staff had confidence in the management of the service.

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

This service was registered with us on 3 December 2018 and this was the first inspection under the new provider. The last rating for this service, under the previous provider was rated good (Published 23 February 2018.)

Why we inspected

This was a planned inspection.

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.

# Lilena Residential 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 was completed by one inspector.

#### Service and service type

Lilena Residential Care Home 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 service had a manager who was registered with the Care Quality Commission. A registered manager, alongside 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 announced. This was because we previously visited the service to carry out an inspection and people were going on holiday that day. We therefore rearranged the inspection for a more suitable date.

#### What we did before the inspection

We reviewed information we had received about 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.

#### During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, and care staff. We also spoke with one external professional.

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff received safeguarding training when they commenced employment, and then annual updates of this.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern. Where necessary the service had made safeguarding referrals to ensure people were protected.
- People said that they felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.
- Information about what to do if someone had a safeguarding concern was displayed within the care home.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. Risk assessments were regularly reviewed.
- People had suitable equipment to help ensure their health needs were met. For example there was a walk in shower facility.
- The environment and equipment were safe and well maintained. Risk assessments were completed to ensure any health and safety risks were minimised. There were suitable records in place to demonstrate equipment was regularly checked, maintained, and where necessary serviced.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe. Medicines were kept securely in locked cupboards, within a dedicated locked medicines' room. The medicines room was clean and tidy, and medicines were well organised. Stock levels were appropriate.
- Medicine records were fully completed and were tidy. We did not find any errors in how the system operated. The service had a medicine audit system. Records showed audits were completed on a weekly basis. The system assisted in ensuring the medicines' system worked effectively.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.
- Where necessary there were body maps to indicate to staff where to apply creams and lotions.

- Where medicines needed to be stored with additional security, suitable storage facilities were in place, and appropriate records were kept.
- Staff received appropriate training and had to complete regular competency checks to ensure they were able to administer medicines appropriately.

#### Staffing and recruitment

- Staff were safely recruited. Checks such as employment history, Disclosure and Barring Service and references had been obtained prior to staff starting work. However, evidence of satisfactory conduct in previous care employment had not been obtained for one of the four staff files we reviewed. We raised this with the registered manager to ensure they carried out this check when making future recruitment decisions.
- The registered manager said each day two care staff were on duty in the morning and in the afternoon. In the evening there is either one or two staff (depending on for example whether there was for example an activity). At night there was one member of staff who was 'sleeping in' (i.e. on call but available for work if required). Maintenance and cleaning staff were employed.
- People and staff told us that they felt there were enough staff. People also said staff would assist them quickly if this was needed.

#### Preventing and controlling infection

- The service was clean and risks of infection were minimised.
- Suitable measures were taken to minimise the risk of infection. The building, carpets and furnishings were all very clean. The home smelled fresh. Cleaning staff were employed and suitable routines were in place to ensure cleaning and infection control standards were maintained to a high standard.
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures. For example, where necessary, wearing aprons and washing hands.

#### Learning lessons when things go wrong

- The registered manager said when surveys, to check people were happy with the service, were completed, results were always assessed to ensure improvements were made so people's expectations of the service were always met. The registered manager said she did not think that anything significant had gone wrong since the service was registered.



# 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.

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has remained good. 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

- Assessments of people's needs were detailed and expected outcomes were identified.
- The registered manager met the person to complete an assessment before the person agreed to move to the service. Discussions took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The person and their representatives had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs.

Staff support: induction, training, skills and experience

- Staff records demonstrated new staff had received a comprehensive induction. All induction records inspected were completed appropriately. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.) Staff said the induction process was thorough and when they commenced employment they had shadowed an experienced member of staff and had felt supported. One member of staff said their induction consisted of, "Training, shadowing, orientation, and doubling up with colleagues... If I had any questions it was never a problem... Managers were really welcoming. Very helpful and supportive."
- Records demonstrated staff had received training required according to legal and industry standards. Records inspected had suitable evidence of appropriate training. Staff were positive about the training they had received. For example staff said, "I have had lots of training including completing the level 3 diploma, first aid, being a fire warden and infection control."
- There was documentary evidence staff received one to one supervision, where they had sat down with a supervisor to discuss their work, and any training and development needs. Staff said they felt supported by colleagues and the registered manager.

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

- People and their relatives said food was to a good standard and enjoyable. Comments included, "It is fine," "Lovely, it is home cooked," and "I love the food, it is good food, I enjoy it." People were provided with a choice of meal. People told us they could make a hot drink and a sandwich.
- Some people assisted with food shopping. For example one person said, "I go over the shop. I help put the food in the pantry." However there was scope for improving people's participation with this aspect of their lives to assist in maximising people's independence. At the moment staff did the majority of the food preparation.
- People told us they had their meals in the dining area of the lounge or in their rooms.

- People could be catered for if they were vegetarian or vegan or had a different diet due to their culture or religion.
- People were supported to receive meals, in a timely manner. Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. If they were diabetic they could be catered for appropriately. Where necessary, arrangements could be made to change the texture of foods to reduce the risk of choking, or food could be pureed or softened, although these measures were currently not required.

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

- The service had good links with the GP surgery, community mental health team, local authority and other professionals. The registered manager was aware of the process to refer people to other services such as the speech and language therapy service. An external professional said, "I have a really good relationship with them. They will come to me if they have any concerns."
- Records showed that people had received health care support from professionals such as GP's, community psychiatric, and district nurses, chiropodists, opticians and dentists. People told us staff called a relevant medical professional if they felt unwell.

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

- The building was suitably adapted to meet people's needs. For example, there was a walk in shower if someone was a wheelchair user or had difficulty getting in and out of the bath.
- The inside of the building was decorated and furnished to a good standard. Accommodation was over two floors connected by a staircase. There was a self-contained bungalow in the grounds where currently one person lived semi independently.
- The outside of the building needed cosmetic improvement, and its current external appearance detracted from the pleasant interior and generally good service which was provided. Otherwise the building was well maintained, comfortable and homely. Carpets and furnishings were all of good quality and were clean. Any maintenance tasks were promptly attended to.
- People said they liked the accommodation and thought it was suitable for their needs. One person told us, "I have a nice room."
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided.

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

- People were encouraged to eat healthy diets. Food was home cooked. People provided some assistance with preparing food and washing up. There was scope to increase participation to enable people to be more independent and develop their skills.
- People could either contact health professionals independently or received suitable support to do so.
- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- The registered manager was aware of the requirements of the Act and the service's responsibilities under it. Currently nobody was defined as lacking mental capacity.
- Staff worked with people to ensure they had maximum choice and control of their lives.
- Staff records assessed had evidence staff members had received training in the MCA.

# 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.

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and they were positive about staff attitudes. We observed staff spending time sitting with people and talking with them. Staff worked with people in a sensitive manner and with patience. People told us, "I am very well treated and I love living here," "It is pretty good," and, "They (the staff) are pretty good people. They feed us well and I can go out when I want." Relatives told us, "It is lovely. It is one big family." Staff told us, "It is very good. They are offered a lot of activities. People are well looked after," and "I love the residents. I like my job." An external professional said, "Staff are amazing. They are really good. They are caring insightful and thoughtful." None of the people, their relatives, or staff who we spoke with, expressed any concerns or complaints.
- We observed positive interactions between staff and people who used the service. Staff, when they assisted people, always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner. People told us, "It is excellent. There are good quality staff. They treat us like human beings. It is very good. Staff are really kind," and "Staff are nice. I have no worries."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine. People told us they could get up and go to bed when they wished. This was evident from our observations.
- Where people wanted and it was possible, people and, if appropriate, their legal representative, had some involvement in the care planning process. People were asked about their needs and wishes, and if there were changes in their care plan these were discussed.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Staff were knowledgeable about people and their needs. Staff appeared committed and caring.
- Each person had a care plan. This was an electronic system which could be accessed through a smart phone application or on a desk/laptop computer. A paper copy of the care plan could be made available and provided to people and / or their legal representatives. Care plans provided good information to enable staff to provide a holistic picture of people's needs, and what assistance the person required.
- Care plans inspected were fully completed, regularly reviewed, and accessible to staff. Staff spent time with people to go through their care plans and explain any changes.
- Daily records were well maintained and outlined what support people had received.

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.

- Currently nobody had any sensory or intellectual impairments. Staff knew how to communicate effectively with people in accordance with their preferences and needs. The provider was aware of the standard and would ensure people received the necessary assistance if this was required.
- The service had developed a useful 'Welcome Pack.' This included a list of useful contact details where people could receive help and support with their mental health needs or if they wanted to speak with someone, independent of the service, about any problems.

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.

- Many of the people organised their own lives and had limited interest in structured activities. Some people also had issues motivating themselves to participate in activities.
- Staff however worked with people to do things people enjoyed. Activities which took place included trips to the pub and restaurants, trips to the cinema, theatre, and going for walks.
- Staff organised activities sessions within the house. These included arts and craft sessions, bingo, film afternoons or evenings and music sessions.
- A holiday in a caravan was recently arranged which people enjoyed. Some people came for the day, some people for a night, and some people for the whole trip. During the holiday people went on various trips to local towns and other places of interest. We were told the service arranges a holiday twice a year.

- Festive occasions were celebrated. For example a Christmas party and meal were planned which people could invite their friends and relatives to.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure, and if complaints were received these would be investigated and a record kept.
- People, and relatives said they felt confident that if they did make a complaint it would be dealt with quickly.

#### End of life care and support

- None of the people who lived at the service currently required end of life care. The registered manager said people regarded the service as their home and if any person had a terminal illness, where possible, they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives. Any known preferences were recorded in care files.

# 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.

This is the first inspection for this newly registered service. This key question was rated good under the previous provider. This key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager said she encouraged a culture where, "Staff were not remote," and "People could have their say." She said staff were encouraged to take responsibility for example by being the lead for designated areas such as fire precautions, activities, medication and so on. The staff we spoke with, and observed were committed to the service, worked with people with respect and were enthusiastic in their approach to their work.
- Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "There is no conflict. Everyone gets on well. Staff are supportive. They will always help out if shifts need covering. It is like a little family," and "There is good team work...staff care for people well." Records showed staff and resident meetings had taken place.
- Relatives said they felt welcome when they visited, and staff were helpful when updating them about people's needs. A relative said, "There is always someone to talk to."

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

- The registered manager had responsibility for this and another similar service in the Newquay area. The registered manager said she spent half of her time working at each service but was always available on line or on the telephone if she was not at the service. The registered manager was supported by a full time deputy manager. The service had a 24 hour call system. The nominated individual visited the service at least fortnightly.
- Staff, people and their representatives were positive about the registered manager. Staff said they were able to raise any concerns to the registered manager. One person said, "The place runs very well....(managers are) thorough and very good." Staff told us, "(Managers are) brilliant." The registered manager completed some shifts to check quality standards and to maintain her awareness of people's needs. One external professional said, "In the last year there has been a massive, massive improvement," and, "She is incredibly knowledgeable."
- The registered manager was aware of what matters were required to report to the commission and had a satisfactory working knowledge of regulatory requirements. The previous inspection report, displaying the rating, was on the notice board.
- Staff had handovers between shifts. Good handovers helped ensure good communication between the team and consistency of care.

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 had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong.

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

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- The registered manager and the team regularly consulted with people and relatives on an informal basis. Surveys were completed on an annual basis. The survey results for 2018 were very positive.

Continuous learning and improving care

- Quality assurance procedures were in place and systems were generally effective in identifying concerns with the quality and safety of care. The registered manager informed us of audits which were in place. These included systems to check standards about care planning, maintenance, accidents and incidents, cleanliness, staff training and medicines and infection control.
- The registered manager was open to feedback and felt this was important so the service could develop and improve. People, their relatives, professionals and staff who we spoke with were all positive about their experiences of the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had positive links with statutory bodies such as health service teams.
- People had opportunities to maintain positive links with their community, families and friends. People's relatives said they always felt welcome to visit and were able to visit or telephone at any time.