Adiemus Care Limited

Lily House

Inspection report

Lynn Road
Ely
Cambridgeshire
CB6 1SD
Tel: 01353 666444

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Lily House is registered to provide accommodation and non-nursing care for up to 44 people, some of whom live with dementia. The home is located in a residential area on the outskirts of the city of Ely. When we visited there were 41 people living at the home.

The inspection took place on 21 April 2015 and was unannounced. The last inspection was carried out on 06 May 2014 when the provider had met the regulations that we inspected against.

A registered manager was not in post when we inspected the home. An application to register the manager was in progress. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 living at the home as staff were knowledgeable about reporting any abuse. There were a sufficient number of staff employed and recruitment

Summary of findings

procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected with the safe management of their medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had been made to ensure that people's rights were protected. However, there were inadequate assessments in place to assess people's capacity to make decisions about their care and to justify why DoLS applications had been made. Staff were supported and trained to do their job.

People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care was provided in a caring and attentive way.

People's hobbies and interests had been identified and a range of activities supported people with these. Some people's care records and risk assessments were not kept up-to-date. A complaints procedure was in place and this was followed by staff. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. However, these had failed to ensure that people's mental capacity had been assessed in line with the MCA. In addition, some of the people's risk assessments and care records were not reviewed in the time that they should have been.

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

We found a number of breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were given their medication as prescribed and there were systems in place to ensure that medications were stored and recorded correctly.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

Good

Is the service effective?
The service was not always effective.

People's rights were not always protected from unlawful decision making processes.

Staff were supported and trained to do their job.

People's health and nutritional needs were met.

Requires Improvement

Is the service caring?
The service was caring.

People received care that was attentive and their individual needs were met.

People's rights to privacy, dignity and independence were valued.

People's decisions about how they wanted to be looked after were valued.

Good

Is the service responsive?
The service was not always responsive.

People were not always actively involved in reviewing their care needs and were at risk of unsafe or inappropriate care.

In-house facilities and the provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

Requires Improvement

Is the service well-led?
The service was not always well-led.

People's health and safety was placed at risk and their rights to make decisions about their care were also placed at risk.

Requires Improvement

Summary of findings

There were links with the local community to create an open and inclusive culture within the home.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

Lily House

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.

This inspection took place on 21 April 2015 and was unannounced. It was carried out by an 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. The expert-by-experience had expertise in older people and people who live with dementia.

Before the inspection we received information from a local contracts and placement officer and we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with 17 people who used the service, four relatives and a visiting health care professional who was employed by the mental health services. We also spoke with the manager, deputy manager, nine members of care staff, two members of the domestic staff and a member of the catering staff. We looked at five people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

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

Good

Is the service safe?

Our findings

People told us that they felt safe. A person said, "I feel comfortable, safe and secure." Another person said, "There is no reason to feel unsafe here." We were also told that people could have a key to their room door if they wanted to. A person said, "I feel secure with the door being locked. Staff do make me feel safe." A local contracts and placement officer told us that they had no concerns about the safety of people living at Lily House.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. Staff were also aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice. One staff member said, "If you don't feel safe reporting it (their concern) to the company then you can take it higher to CQC or social services." Another staff member said, "It's (whistle blowing) about speaking out about something you believe is wrong." We have received notifications and these showed us that safeguarding policies and procedures had been followed. This showed us that people were kept safe as much as possible.

People's risks to their health and safety were assessed and measures were in place to minimise these. Measures taken included the provision of pressure-relieving equipment to reduce the risk of pressure ulcers developing. In addition, people were provided with bed rails and bed rail protectors to protect them from the risk of harm. A person said, "I did once get a bit stuck but now I have these (as they touched their bed rail protectors) and I'm okay." Other measures included referrals made to health care professionals for their advice in the management of people's risks of falls.

People said that there were enough members of staff to meet people's individual needs and that there was a stable team of staff. A relative said, "You get to see similar faces (staff members) and you know who to speak with. They get to know my gran's needs and they (staff) get to know her." Members of staff told us that there was always enough staff on duty and that there had been a reduction in the use of agency staff. A member of staff said, "Staffing is (now) a lot better. We had a lot of agency (staff). Now we have regular staff. It helps with the continuity) of people's care. Staff get to know the residents and the other way round. You get a nice relationship with resident and carer. Carers know what people's individual needs are." Catering staff told us that there was enough kitchen staff to cater for people's nutritional needs. Measures were in place to cover staff absences, which included the use of bank staff or staff offering to work additional hours.

The atmosphere of the home was calm and we saw that people were being looked after by patient and unhurried members of staff. This included when they supported people to take their medicines, with eating and drinking and escorting a person to attend a health care appointment.

Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work at Lily House. Staff recruitment files confirmed that these checks had been carried out before the prospective employee was assessed to be suitable to look after people who lived at the home.

People were satisfied with how they were supported to take their prescribed medicines. We saw that staff explained to people what their medicines were used for. A person told us, "I have [name of medicine] once a week. Every Monday, an hour before food and drink. You mustn't lie down either."

Another person said, "I get one tablet every day, every morning. I had it today and (I get it) every day." We were also told by another person, "I don't have to ask to get my tablets. I get them when I need them." A health care professional told us that the person they were visiting always had their medicines as prescribed. Medication administration records demonstrated that people were given their medicines as prescribed and we saw that staff ensured that people had safely taken their medicines. Medicines were safely stored when not in use. Staff responsible for the management of people's medicines told us that they had attended training and had been assessed to be competent in the management of people's medicines. Their training and competency assessment records confirmed this to be the case.

Requires Improvement

Is the service effective?

Our findings

People's care records demonstrated that there was an ineffective system in place to assess people's capacity to make formal decisions about their support and care or to gain their consent. A person's mental capacity had not been assessed to confirm that monitoring equipment was provided in their best interest or, if they had mental capacity, that that they had agreed to this method of surveillance. In addition, we found no evidence to tell us if formal consent had been obtained for the frequent checking of another person's whereabouts. Staff told us that the person was not aware of these checks being carried out. The person's records failed to provide evidence that this method of monitoring was with the person's consent or as part of a MCA best interest decision. Furthermore, the manager advised us that DoLS applications had been made to the local authority. There were no mental capacity assessments to justify why these applications had been made. This meant that people had been assumed to lack capacity without being assessed as such. This was not in keeping with the five key principles of the MCA.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us what they would do if a person was unwilling to give their permission in relation to being supported with their medicines or personal care. They described the strategies they would use to gain people's permission, which included allowing the person time to weigh up the information, or ask help from a member of more experienced staff.

A visiting health care professional told us, "Staff have a good grasp of (people's) mental health needs." Staff said they had the training to do their job. A member of catering staff said, "I went on a (training) course recently about caring (for people). That was really great. I learnt a lot. It was really interesting and it really opened my eyes. There were a lot of questions about dementia care such as colours in food and feel and touch." Other staff members told us that they had attended training in a range of topics, which had included induction and on-going training. One staff member said, "I haven't done mental capacity training but I think that is coming up soon." Records demonstrated that staff had attended induction training, training in moving and handling, infection control, medication and safeguarding.

Staff told us that they enjoyed their work and had the support to do their job. A member of staff said, "I enjoy my job, I really do." Another member of staff said, "It's all good news (working here). It's a lovely home. I can speak to the manager if I want to and she will listen to me." Staff also told us that they had supervision during which the quality of their work was reviewed. A member of staff said, "If there is something not right, she (the manager) will tell me."

People were satisfied with how their health needs were met and that they had access to a range of health care professionals. A person said, "I get taken to the clinic and get my bloods checked." A relative said, "[Name of family member] only has to sneeze and they (staff) get the GP or nurse to check her out." A health care professional told us, "Staff will always phone if they have any concerns. I think they (staff) have done very well here. They've been very supportive and encouraging and helped [name of resident] to be very settled since he's been here."

People, including relatives and a health care professional, said that they had confidence in members of staff abilities to be able to meet people's individual needs. We saw good examples of how staff understood people's individual communication needs. This included providing people, who were living with dementia, with information in the way that they were able to understand as this was in short sentences.

People said that they enjoyed the food and always had enough to eat and drink. A person said, "I definitely get enough to eat and drink." Another person said, "Food is very good and (there is a) choice of what I want to eat. (There is) plenty to eat." Whilst eating their lunch we heard a person say, "This quiche is lovely." Menus demonstrated that people had options and alternatives to choose from. A person said, "We have two choices and you can have something else if you don't like them." There was effective communication between the care and catering staff which had enabled people's individual menu choices to be catered for. We saw this included the ordering of ice cream in replacement of a person's original choice of trifle. People were offered a choice of hot and cold drinks between and

Requires Improvement

Is the service effective?

during lunch time. We saw that people were supported, which included one-to one support from a member of staff, to eat and drink and people were asked if they would like to have second helpings.

A member of catering staff had a good understanding of people's individual nutritional needs. They told us that they spoke with people and said, "How can you understand people and their dietary needs if you don't meet them? I like to know what they like and don't like (to eat)."

Good

Is the service caring?

Our findings

People said that they were looked after well. A person said, "I don't have any problems at all. Staff treat me very well. They stand at the door and ask me if they can come in (to my room)." Another person said, "It's fantastic living here. I'm well cared for. All through the night I'm checked to see if I'm okay." We were told by another person, "When you move into residential care it takes some adapting. They (staff) care totally and treat me with absolute respect. I feel valued." A relative said, "I must say, they (staff) are very good at caring here." Another relative said, "My wife is cared for so well. I love the staff here. They're so nice."

We saw, which included observations during our SOFI, that people were being attended to and treated well by attentive and caring members of care and catering staff.

When eating, people's dignity was valued. This was by protecting people's clothing from spillage of food and drink with the use of cloth tabards.

People's independence was promoted with self-administration of their medicines, personal care and mobility. A person said, "They really encourage me to be independent." A member of staff said to a person, whilst they walking with the aid of a walking frame, "Well done. I know you can make it on your own." We saw people were enabled to be independent with their eating and drinking; bowls and cups which had been adapted to assist people's eating and drinking were provided for people to easily eat and drink out of without help.

We saw good examples of how staff involved and included people in their conversations. We saw people share a joke with each other and members of staff and there were smiles from all of the people who were involved during these times.

People were supported to maintain contact with their family members. We saw that people received their guests in private or in the communal spaces, which included the enclosed garden.

A relative said, "Staff are so dedicated. They treat me as a friend. They do a wonderful job for the residents. If they (staff) see me in town, they stop for a chat. What more can you ask (for)?" People were supported in making friends with each other. People were allowed to walk together, hand-in-hand, and were observed to be smiling and contented when doing so.

People were actively involved in their day-to-day decision making processes and were offered choices of how they wanted to spend their day. A person said, "I do what I like all day long." We saw that people were allowed to get up at a time they liked to and if they wanted to be alone or in company. A member of staff respected a person's choice of being left alone.

The premises maximised people's privacy and dignity. Bedrooms were for single use only and communal toilet and bathing facilities were provided with lockable doors. We saw that people were supported with their personal care behind closed doors.

Information about mental health advocacy and general advocacy services was not available for people to have access to. The manager advised us that advocacy services were not being used.

Requires Improvement

Is the service responsive?

Our findings

People's care plans and risk assessments were kept under review although this was not consistently carried out. In two out of the five care plans we looked at we found that these had been reviewed each month. However, the three other people's care plans and risk assessments were last reviewed during November 2014, December 2014 and February 2015. We found that people's needs had changed since these reviews; this included a change in a person's dental condition and the management of their condition. Risk assessments also were not consistently reviewed. These included those for people at risk of falls and risks of developing pressure ulcers. Therefore, we were not confident that members of staff had up-to-date guidance in relation to people's needs and risks.

A health care professional told us that the person who they had visited was aware of their care plan and had been actively included in its development. Relatives said that they had been involved in developing their family members' care plan. However, some of the people told us that they were not aware of their care plans although said that staff had asked them what care they needed on a day-to-day basis. A member of staff told us that when staff were writing up and reviewing care plans, this was done without the involvement of the person that the records were about.

People's hobbies and interests included eating and drinking out, going to visit the local market and spending time with their relatives. A person said, "I do get involved if there are special activities. I have enough to do but, sometimes, I get to do the same things. That's why I have a newspaper every day. It helps pass the time." Another person said, "I have made puddings and cakes and three weeks ago I went out for a meal." Fund raising events, with the involvement of people living at the home, included fetes; the funds had enabled the purchase of a mini-bus. A person said, "They (staff) show us what is happening to the comfort funds." People were aware of the purchase of the mini-bus and told us that they were looking forward to going on trips out of the home.

A person said, "I go to church and was there only yesterday." Care records detailed people's spiritual and religious beliefs. People were supported to follow their beliefs and attended religious services which were held in the home and in the community.

There was a complaints procedure available on entry to the home. Relatives and staff were aware of the complaints procedure and how to use it. A person said, "(If I had a concern) I would probably speak to the staff and then to their elders (seniors)." Another person said, "Staff will talk to me about my problems. They always sort it out." Members of staff told us that they would listen to what people had to say and report their concerns to the deputy or home managers. The record of complaints demonstrated that people's concerns and complaints were responded to the satisfaction of the complainant. There were no recurring themes or trends to the nature of the complaints which told us that people's concerns were of an individual rather than a general nature.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems included staff receiving feedback from senior management visits. Records of these demonstrated that deficiencies had been picked up in relation to the assessment of people's mental capacity and in obtaining people's consent. Action was to be taken to address these deficiencies. However, there was no follow up of these actions to assess the progress of rectifying these deficiencies. In addition, in minutes of a senior staff meeting, held during September 2014, we read, "Care plans are to be taken to [manager's name] every month. Night staff to be used to support staff in completing care plans." However, we found in three out of five care plans that these had not been kept under review. Therefore, we were not confident that the quality monitoring systems were effective in protecting people's rights and from preventing people receiving care that was based on out-of-date information.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were able to tell us knew who the manager was. A person, who was living with dementia, told us, "I know who she is but I can't always remember her name." People's relatives and a health care professional told us they knew who the manager was and their name. Staff said that the level of morale of staff had improved due to the increased stability and training and supervision of the teams of staff. We saw that the manager walked around the home to speak with people, relatives and members of staff. This showed us that the manager was available around the home and kept themselves aware of the culture.

Members of staff had positive comments about the improvements the manager had made since being in post. A member of staff told us, "She's brilliant. She's really nice. If I need anything she'll get it. She's fair, a good boss." Another staff member said, "The manager is very well organised. I feel when she first started here there was a lot to do and she's done very well with staffing to work on the floors where they are best at."

There were links with local community and religious organisations to show that the management of the home operated an open culture and people were an integral part of the community. People were supported to visit places of worship and the local amenities.

Members of staff described and demonstrated the principles of good care. This included offering and valuing people's choice and providing compassionate care to people. One member of staff told us, "You need to be caring of the residents. You are here to support people. They rely on you." The staff member also told us how they valued and respected people's choices. They said, "They have the right to choose." Another member of staff said, "(The care is about) keeping their (people's) dignity, making people's life happier."

People were given opportunities to make suggestions and comments to improve the service. A person said, "Yes, I attend meetings and I have my say." We saw that actions were taken in response to the suggestions; this included those for changes in visiting entertainers and to the menus to include cheese dishes and hot dogs. Staff were also given opportunities to make suggestions and comments. Action had been taken in response to their suggestions for the replacement of old cutlery for new.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's assessment of their mental capacity and ability to give consent had not been carried out. Regulation 9(3)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Quality assurance systems were not operated effectively to ensure that people were protected from unsafe and inappropriate care. Regulation 17(1).