

Partnerships in Care Limited

Lily Close

Inspection report

3 Lily Close
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Rainham
Essex
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Tel: 01708631285

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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

This unannounced inspection took place on 6 February 2017. The service was last inspected on 23 July 2015 when we found one breach of regulation relating to systems being not always effective and staff morale being low. During this inspection we found these had been addressed and improvements made to the service.

Lily Close provides accommodation and support with personal care for 10 people with a learning disability. At the time of the inspection there were two people using the service.

The service did not have a registered manager. However, the provider had employed a new manager who has applied for registration. 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.

We found people were relaxed, well presented and there was an inclusive atmosphere in the service. Staff were patient, friendly, kind and treated people with respect and dignity. The home was clean, bright and spacious, and people could access communal areas.

There was a recruitment process in place which ensured that staff were appropriately checked and supported to meet people's needs. We noted staff were supervised and supported to complete training programmes related to their roles. There were enough staff deployed to support people.

People's care plans were regularly reviewed and it was evident that people, their relatives and advocates were involved. Staff ensured people's human rights and worked within the principles of Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had good adult safeguarding knowledge and how to support people to live as independently as possible by completing task by themselves, when possible, and by accessing community based facilities.

There were systems in place for monitoring and auditing the quality and health and safety of the service. These ensured that people, relatives and staff views about the quality of the service were sought and any concerns or incidents were identified and action put in place to address them.

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. People had individual assessments of risks to their health and welfare, which had been regularly reviewed. Incidents and accidents were recorded, reviewed and action taken.

There were enough staff deployed to meet people's personal care needs. Staff had knowledge and experience to recognise potential signs of abuse and to take appropriate action.

Medicines were stored, administered and audited by staff who had relevant training.

Is the service effective?

Good ●

The service was effective. Staff were given time and support to complete a range of training programmes related to their roles. There were arrangements in place to provide support and regular supervision for staff.

Staff knew the requirements of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DOLs), and their responsibilities under this legislation and acted to put this into practice.

Staff worked with healthcare professionals and supported people to attend health and medical care appointments. The food provided reflected people's choice and preferences, and was good.

Is the service caring?

Good ●

The service was caring. Staff consistently treated people with respect, dignity and kindness. They listened to people and encouraged them to carry out things whenever and if they could.

People's privacy and confidentiality was ensured by staff who had the right knowledge and experience, and through the record keeping system.

People lived in a comfortable environment where they personalised their bedroom with personal belongings and

according to their individual interests.

Is the service responsive?

Good ●

The service was responsive. Each person had an assessment of need on which their care plan was based. The care plans were personalised and written in a first person format describing the person's needs and how they liked to be supported.

There was a complaints procedure which people and their relatives knew about. People and their relatives were confident that staff listened to and acted on their concerns.

Is the service well-led?

Good ●

The service was well led. The acting manager had addressed the shortfalls at the service and there were good systems in place to ensure records were kept safely and staff supervision and annual appraisals completed. The acting manager had applied to be registered by CQC.

People, their relatives and the staff were positive about the way the service was managed and commented that the new manager had made good changes. They were able to approach and talk to the manager.

Systems were in place to monitor the quality of the service and to get people's views on the way it was managed. There were a range of audit systems in place to check the quality and effectiveness of the service.

People and their relatives were encouraged in different ways and through various means to be involved in the service. Equality and diversity was prominently reflected within the service.

Lily Close

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 unannounced inspection was completed on 6 February 2017 by one inspector.

Before the inspection we checked information we held about the service and reviewed notifications we received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with one person who used the service. We also spoke by telephone to a relative of one person. We observed people's interaction with staff and spoke with two support workers and the manager.

We reviewed three people's care files, four staff files and daily handover records. We checked records such as the menus, the provider's policies, various audits and records of training and health and safety checks.

Is the service safe?

Our findings

People and relatives told us that they felt safe in the service. One person said, "I am happy here. The staff are friendly and it is easy for [my relatives] to come and pick me up [if I needed to see them]." A relative told us, "I think the service is reasonably good. I have no concerns. [The person using the service] is safe within the service." We observed people were relaxed and appeared happy with staff and comfortable in their surroundings.

There were various policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. For example, there was an adult safeguarding policy. The acting manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. Care staff confirmed reading the provider's policies and attending adult safeguarding training. They told us they had read the whistle blowing policy and knew they could raise any concerns with their line managers. The staff knew that they could contact other agencies such as the local authority safeguarding team, police or the Care Quality Commission (CQC) if they suspected that a person was being abused.

We noted that there were systems in place to ensure the premises were maintained. The home was clean, bright and free from malodours and spacious, allowing people to move around freely without risk of harm. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. Records showed and staff told us that regular checks and audits had been completed in relation to fire, health and safety and infection control.

People's care files contained risk assessments which identified possible risks and provided "risk management measures" or guidance for staff on what to do to mitigate or manage the risks. Records showed that staff reviewed the risk assessments and made changes as required. Staff told us they had read and knew each person's risk assessment. This ensured that there was a system for identifying managing risks to people.

The service had enough staff to support people with their needs. When we arrived at the service there were two care staff available to support the person using the service. The staff rota also showed that there were a minimum of two care staff during the day shift and a sleeping care staff worked at night. People and relatives we spoke with told us they were satisfied with the staffing level. One person told us there were always staff around to support them. We observed that people were encouraged and supported to be independent to do things such as making drinks and preparing breakfast but staff were present to monitor and ensure they were not put at risk.

The provider had a recruitment procedure which ensured that staff were appropriately checked before they started work at the service. The acting manager explained the recruitment process which included vacant posts being advertised, staff making applications and being interviewed. Successful applicants provided written references and underwent Disclosure and Barring Service (DBS) checks (checks of criminal records) and attended induction programmes. The DBS checks and references were kept at the head office and we

did not see them during the inspection. However, during the inspection the acting manager spoke by telephone with people from the head office and received email confirmation. All the staff we spoke with confirmed that they had undergone DBS checks and provided written references when they started work. The acting manager told us that he would ensure all information related to staff recruitment would be kept at the care home.

Staff who administered medicines were trained in the administration of medicines. They told us the system for medicines administration worked well in the service. We found that medicine administration records (MAR) were signed by staff to confirm medicines were administered. We noted one error where a medicine was wrongly sent with a person staying away with family. Staff told us and records confirmed that the error was spotted by a relative and appropriate action taken by staff to ensure people did not take the wrong medicines. Although the acting manager and staff told us, and records showed, that there was a medicine auditing system in place, people could be at risk because the system was not effective. We recommend that the provider refers to best practices of medicine management to ensure that there is a safe medicine administration system.

Is the service effective?

Our findings

People and relatives told us staff were "fine" and "knew" how to support them. One person said, "I have never been unhappy [at the service]". A relative told us, "Most of the staff are very supportive. They know how to support [the person with their needs]."

Staff told us they had previous experience of working with people in a care home setting and knew the needs of people and how to care for them. They described the social and medical needs of a person and how they supported them. For example, a member of staff told us how they supported a person with diabetes. They showed us the guidance they followed to care for and meet the person's needs.

Records showed and staff told us that regular staff supervision took place. A member of staff told us that they had supervision and annual appraisal. They said their manager is supportive and they could talk to them if they needed support. The acting manager was new to the service but had started completing annual appraisals for some staff and planned to complete for others. He told us that he was in the process of recruiting a deputy manager who would be able to assist him with staff supervision and appraisal. Records in the staff files we checked showed that supervision and appraisals had taken place.

Staff had attended various training opportunities relevant to their roles. One member of staff told us that they attended different training programmes which included adult safeguarding, health and safety, food safety, moving and handling, infection control, equality and diversity, and Mental Capacity Act 2005 (MCA). Another member of staff told us they were booked to attend fire safety and breakaway techniques. Staff told us the manager sent them reminders and notifications of when to attend new and refresher training programmes. They told us that it was "amazing" they were given study time to complete training programmes. We saw certificates in staff files and the records confirmed that staff had completed training in different areas.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that staff and the registered manager knew about the requirements of MCA and DoLS. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised, if needed for their own safety. The registered manager told us and records showed that assessments of people's capacity had been completed and where appropriate DoLS obtained for some people.

Staff told us that they worked well together as a team. They told us they attended handover meetings when they started and finished their shifts to share the latest information about people's needs and how to support them. We noted staff used a communication book and diaries to record and communicate

appointments and significant activities that staff on shift needed to be aware of and complete. This showed there was effective communication within the service.

Staff monitored people's health needs and sought advice sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Records showed that people were supported to attend appointments with GPs, dentists, opticians and chiropodists. We saw that each person had a 'Hospital Passport' which contained brief information relating to their support and medical needs. The information in the Hospital Passport was a plan to help healthcare staff understand the person's needs and provide appropriate support.

People and relatives were satisfied with the food provided at the service. One person said, "The food is very nice. I love it." A relative told us, "The food is very good. We worked out the menu. I am happy with the menu. [The person] likes the food [at the service]." We observed that people could choose what, when and where to eat their breakfast. We saw that each person had a menu which was presented in a pictorial format. Staff told us they helped people to choose and develop the menu weekly on Saturday. They told us that people's dietary, medical and cultural preferences were taken into account and the menus were based on people's needs and discussions they had with their representatives or relatives.

Is the service caring?

Our findings

People benefited from consistent and caring staff. People and their relatives told us staff treated them with compassion and kindness. One person said, "The staff are very kind." A relative told us, "Staff are very helpful. They have a good relationship with [the person]. They are attentive to the [person's] needs."

Staff asked people if they were happy with the care and support provided. We observed staff asking people what they wanted for breakfast and where they wanted to sit. We noted staff were polite and patient when interacting with people in person and when they talked with a relative by telephone.

People received personalised care which met their needs. Staff addressed people according to their preferences. Staff told us, and records showed, that the service had a key working system. This allowed a member of staff to be a key worker for a person. The job of the key worker was to have a special interest in the care and wellbeing of the person and meet regularly with them to ensure their needs were identified and met. Staff we spoke with were confident in their knowledge of the role and responsibility of a key worker. One person told us that they had meeting with their key worker. Records of key workers' meetings with people showed that they discussed various aspects of their care and identified guidance and advice for staff what to or not to do people's needs.

People and their relatives told us, and observations showed, that staff respected people's privacy and dignity. One person told us that staff knocked on their doors and waited to be allowed in. We observed a member of staff knocking on the bedroom to request permission to enter during our guided tour. A relative told us that staff ensured the person's bedroom was clean and they had privacy. A member of staff explained how they maintained people's privacy and dignity when supporting them with personal care. They told us that they always gave people choice and made sure that the door was shut when providing personal care.

The service was introducing a new system of keeping care records. The acting manager informed us that hat the new system, which would be electronic, would help the service keep the records more securely and reliably. The acting manager told us that there were enough computers for staff to keep records of care plans, and each member of staff had a password to access information or record notes. This showed information about people's care was secure and confidentiality was maintained.

Is the service responsive?

Our findings

Each person's care file contained a 'pen picture/profile' which outlined personal information, their likes, dislikes and other information such as contact details of next of kin and relevant professionals. We noted that the plans were written in first person stating who the person was, their needs and how they wanted staff to respond to them. Copies of the care plans were presented in pictorial format and copies were given to people so that they kept them in their rooms. Staff told us that this practice would continue even when the electronic system record keeping was fully implemented.

People and relatives told us they were involved in formulating and reviewing care plans. One person said they had attended a review of their care plan. A relative told us they had been invited to and attended care plan meetings. They told us staff listened to them and they felt confident that the person's needs were responded to and met. We noted that the service used an advocate who attended and provided support at review meetings for some people. This ensured that independent representatives supported people to present their views about the care and support provided.

People and relatives had opportunities to make comments about the quality of the service. One person told us staff always asked if they were happy with the service and they were able to share their views. A relative said they met weekly with staff and talked about various aspects of the service. The acting manager told us that survey questionnaires had been sent out to relatives to enable them to comment on the quality of the service. A relative told us receiving and completing the questionnaire a week before our visit.

People were supported in a homely and comfortable environment. Each person had their own bedroom which they personalised with personal belongings and items of individual interest. Staff supported people to be well presented with clothes of their choice and appropriate for the weather.

The service provided activities which people enjoyed. One person told us, "I have lots of day activities. I go to swimming and bowling [on different days]." A relative told us people were supported to access community based facilities. At the time of the visit one person was at their family's home for a weekend visit and another person was leaving for their day activity.

There was a complaints procedure in place. People and relatives told us they knew how to make a complaint. A relative said staff listened to them and they "do not have a problem with communication with staff or the manager". Staff told us they had read the complaints procedure and knew how to record and deal with people's concerns. We noted that there were no complaints received and recorded during the last year.

Is the service well-led?

Our findings

At our last visit in 2015 we found that the service was not always well led because the systems to monitor record keeping, appraisals and supervision were not effective as the registered manager did not have enough administration support and enough time to enable them to complete the necessary paperwork. During this inspection we noted that the registered manager had left and a new manager had been employed. We saw that improvements had been made to address the shortfalls in record keeping, staff supervision and annual staff appraisals. The staff files contained, and staff confirmed, that supervision and appraisals for staff had taken place. The planned recruitment of a deputy manager was also aimed at providing assistance for the manager with supervision of staff and other administration duties.

People and relatives were happy with the service and its management. One person told us, "I am happy here. I can talk to the manager. Yes, staff listen." A relative said, "I am very happy with the home. The new manager is making good changes." The acting manager told us that he had plans to make improvements to the service. He said was being supported by his line manager, who came to the service towards the end of this inspection. We noted that the acting manager had applied to the CQC to be the registered manager of the service.

Staff told us they were happy working at the service. They told us the new manager was approachable, supportive and introduced a new system which allowed them to have extra time to undertake training. One member staff said, "This was amazing. We now have study time." Another member of staff told us that staff meetings allowed them to share information with their colleagues about care and training. We saw the minutes of a staff meeting dated 26 January 2017 and noted that most of the staff members were present.

Staff carried out a range of internal audits, including care planning, medicines, and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been recorded with clear action plans which included how and when these were addressed. Records of accidents and incidents were kept and remedial actions were put in place. For example, there were 22 recorded accidents/incidents in one month involving one person. Staff told us and records showed that this had been successfully addressed and there were no more incidents involving the person.

Other audits staff undertook included cleanliness of the service, fire alarm, water temperature and emergency lights. We noted the service had an on-call maintenance person who and carried out repairs to the building and equipment as required. Certificates of the gas boilers and records of portable electrical equipment tests showed that people lived in an environment which was well managed.

The provider was committed to and recognised the benefits in involving people who used the service in the development, monitoring and evaluation of the services. It also stated that it was committed to and recognised equality and diversity and "fully utilise the talents and skills of a diverse workforce, whilst ensuring that [this] does not create any barriers to performance". Verbal feedback from people, a relative and staff confirmed that they were involved in shaping the way the service was provided. For example, key worker and "residents" meetings allowed people to share their views how they wanted to be supported.

Relatives' weekly meetings with staff and the survey questionnaires they completed gave relatives an opportunity to make suggestions about the quality of the service.