Mrs C Chesyre

Lillibet House

Inspection report

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Date of inspection visit: 12 March 2015
Date of publication: 19/05/2015

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

Overall summary

The inspection was unannounced and took place on 12 March 2015.

Lillibet House provides care and support for up to 30 older people who are physically and mentally frail. There were 25 people living at the service when we visited.

The home has a 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 looked after by staff who knew how to respond to allegations or incidents of abuse.

The staffing numbers at the service were adequate to meet people's assessed needs. The service's recruitment process ensured that staff were suitably employed.

People received their medicines at the prescribed times.

Summary of findings

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived, Deprivation of Liberty Safeguards [DoLS] applications had been submitted and approved by the statutory body.

People were provided with a balanced diet and adequate amounts of food and drinks of their choice. If required people had access to health care facilities.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

People's needs were assessed and regularly reviewed. The service responded to complaints within the agreed timescale.

The service promoted a culture that was open and transparent. Quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

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 protected from avoidable harm and abuse by staff who knew how to report concerns.

There were risk management plans in place to promote and protect people's safety.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were supported by staff to take their medicines safely.

Good

Is the service effective?
The service was effective

People received care from staff who were knowledgeable to carry out their roles and responsibilities.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

People were supported by staff to maintain good health and to access health care facilities when required.

Good

Is the service caring?
The service was caring

Staff developed caring relationships with people who used the service.

People were supported by staff to express their views and be involved in making decisions about their care and support.

Staff ensured people's privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive

People received care that was responsive to their needs.

Complaints and comments made were used to improve on the quality of the care provided.

Good

Is the service well-led?
The service was well-led

The culture at the service was open and inclusive.

The leadership at the service was visible which inspired staff to provide a quality service.

There was a quality assurance system in place at the service.

Good

Lillibet 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 the 12 March 2015 and was unannounced. The inspection was undertaken by one 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We spoke with five people who used the service, five care staff, two team leaders, the cook, the administrator, deputy manager and the registered manager.

We looked at three people's care records to see if they were up to date. We also looked at the file for a recently recruited staff member as well as other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People said they felt safe and protected from harm. One person said, "The staff would never harm me, I feel sure about that."

Staff told us they had received training in safeguarding adults and the training was updated annually. Staff described how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation. They all said that they would report incidents to the registered manager. A staff member said, "I am confident that the service users are very safe here, we look after them very well."

The registered manager said that staff knowledge on keeping people safe and the different types of abuse were regularly assessed. She told us that safeguarding and how to report whistleblowing concerns were regular agenda items at staff meetings. She said, "I tell staff if they do not report safeguarding incidents or concerns they are equally culpable as the abuser." The registered manager said that people were asked at their reviews if they felt safe living at the service.

We saw evidence that safeguarding incidents were reported to the safeguarding team. The outcome from safeguarding investigations was discussed with staff to minimise the risk of recurrence. In one instance we found that the registered manager had been asked to carry out an investigation and report her findings to the local safeguarding team and this had been actioned.

There were plans in place for responding to any emergencies such as staff absenteeism. The registered manager told us that the service had an on-call system in place and there was always a staff member allocated on the rota to cover staff absence. The rota seen reflected the staff members who were on-call daily.

There were risk management plans in place to promote and protect people's safety. Staff told us they supported people to maintain their safety and protect them from harm. We saw there were risk assessments in place for people who were at risk of falls and these were reviewed regularly.

We observed where people were at risk of falls they were supervised by staff to promote their safety. If people were not confident when walking, staff provided them with a wheelchair. We saw sensor mats were used in people's bedrooms and the communal areas to ensure they were kept safe. We observed that staff visibly checked people every thirty minutes, as well as hourly checks at nights. There was a tag system in place which allowed staff to swipe into different rooms around the building. This was fed-back to the main computer log, which meant that the registered manager was able to ascertain the frequency of checks.

There was a system in place to ensure that the premises and equipment was managed appropriately. The registered manager told us that equipment at the service was regularly serviced and staff ensured areas requiring attention were recorded in the maintenance book to be actioned by the maintenance person. We looked at the maintenance record and found that equipment used at the service such as, the fire panel, extinguishers, gas and electrical equipment was regularly serviced.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People said that there were enough staff to meet their needs. A person said, "There is enough staff working here. A staff member always takes me shopping if I want to." Another person said, "There is enough staff around. They all have their different jobs, I see lots of staff and the work seems to get done."

Staff told us that the staffing numbers were generally okay and the rota was well managed. A staff member said, "We rarely use any agency staff, we cover each other and pull together as a team."

The registered manager told us if people's needs changed additional staff would be provided. She said people's dependency levels were regularly assessed. Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided. We observed the staff handover and found that work was allocated to staff so that they were clear on their duties at the start of the shift.

We saw evidence that safe recruitment practices were followed. This was to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles and to meet people's needs and keep

Good

Is the service safe?

them safe. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained.

People were supported by staff to take their medicines safely. People said they received their medicines at the prescribed times. A person said, "I am glad they give me my tablets, I would never remember."

Staff and the registered manager told us that the medication system had been changed to boxes as opposed to blister packs. This was a new electronic scanning system which was introduced to minimise the risks of drug errors occurring.

We checked the Medication Administration Record [MAR] sheets and found they had been fully completed. People who had been prescribed medication to be administered 'as required' [PRN]; there were clear protocols in place to guide staff when they should be given. We found homely remedies were administered to people on the advice provided by the GP. There were suitable arrangements in place for the management and disposal of medicines including controlled medicines. We saw the cupboard where stock medicines were stored was also used to store non-medicine items. This was because storage was limited; however, the manager agreed to review this practice.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People spoke highly of the staff. A person said, "They know what they are doing." Another person said, "They are all good, carers, cleaner, cook and managers."

Staff told us they received the appropriate support and training to perform their roles and to meet people's needs. A staff member said, "It's my first ever care job, I have already had a lot of training including an induction. I now have to work with another carer until I have my next supervision."

The registered manager told us that new staff were required to complete an induction and work supernumerary alongside an experienced staff member for 10 shifts. We saw evidence that staff had received on-going training in a variety of subjects that supported them to meet people's individual care needs. These included dementia awareness, manual handling, infection control, safeguarding adults, Mental Capacity, Deprivation of Liberty Safeguards [DoLS], health and safety and fire awareness.

Staff told us they received on-going support from the manager as well as regular supervision and an annual appraisal. A staff member said, "I find supervision useful. I am able to sit down and discuss my roles and responsibilities with the manager." A second staff member commented, "There are good opportunities here to better yourself and progress."

The registered manager said that all staff were given the opportunity to achieve a recognised national qualification. We saw certificates of achievement in the files we examined.

There was a system in place to ensure people's consent to care and support was sought in line with current legislation. Staff told us they obtained people's consent before assisting them with care and support. They had a good understanding of the Mental Capacity Act [MCA] 2005 and the Deprivation of Liberty Safeguards [DoLS] and described how they supported people to make decisions that were in their best interests to ensure their safety.

Throughout the inspection we observed staff supporting people to make decisions. For example, people had the freedom to choose basic things such as times to get up and go to bed. There was flexibility in breakfast time so not everyone arrived at the dining room at the same time. We found that 18 people were under continuous supervision and DoLS applications had been made and approved by the statutory body. We found there were five people living at the service who had Do Not Attempt Resuscitation [DNAR] in place. We saw that the forms had been signed by the GP. People and their relatives had been involved in the decision that had been made. We saw evidence that relatives who had been involved in the decision process had been appointed as power of attorney to act and make decisions on people's behalf.

People were supported to eat and drink and to maintain a balanced diet. People told us they were provided with adequate amounts of food and drinks; and the cook discussed menu choices with them. One person said, "I choose what I want from the menu in advance." A second person commented, "The cook knows that I don't like too much on my plate as it puts me off."

The cook told us that people were regularly consulted about the food menu and their choices. The menu was discussed with them and developed with their involvement. She said, "If a resident does not like what is on offer an alternative is provided."

We found that people who were at risk of losing weight their food and fluid intake was monitored and they were provided with fortified food and drinks. We observed the lunch time activity in the downstairs dining room. There was a calm atmosphere with background music. Some people were provided with clothes protectors to maintain their dignity. The food was served attractively to stimulate appetite. Staff made sure that people who required assistance were not rushed; and drinks were readily available. The service was involved with a special food project which was run by a dietician. Staff were provided with advice and training to enable them to support people to maintain a balanced diet.

The service supported people to maintain good health and to access healthcare services when required. One person said, "The district nurse comes to look at my legs, she explains to the staff here what to do in between times." A second person told us, "I go out to the optician, but I know they will come here if needed."

Good

Is the service effective?

Staff spoke positively about the local GP practice and said that the GPs were responsive when called. They said if required people were accompanied to hospital appointments.

The registered manager told us that people were registered with a GP who visited the service as and when required.

She said that the service was in close liaison with the local complex team and they regularly contacted the service to enquire if their services were required. We saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as, the psychiatrist and the speech and language therapist.

Good

Is the service caring?

Our findings

Positive and caring relationships were developed with people who used the service. People told us they were happy with the care and support provided. One person said, "The carers are all excellent, they know what I need." Another person commented, "The staff are nice and friendly."

We observed that staff spent time interacting with people and addressed them by their names. When communicating with people they got down to their level and gave eye contact. They also took time to ensure that people understood what was happening. Staff provided people with reassurance by touching to show they were aware of their emotional needs.

We saw that people were supported with kindness and compassion. The staff responded to people in a calming and reassuring manner. They spent time discussing a wide range of topics with them which showed that they knew people's needs and preferences very well.

During our inspection we saw that both people and staff came to the registered manager to ask for help and advice. People were listened to and the registered manager demonstrated that they treated people with respect and understood their individual needs and preferences.

People were supported by staff to express their views and be involved in making decisions about their care and support. Staff told us they involved people and their relatives in planning and reviewing their care. They said that people's care plans were reviewed and discussed with them at least monthly. We observed during a handover between shifts that staff spoke knowledgably about people and passed on relevant information particularly concerning any changes to care and family interactions.

The registered manager told us that relatives advocated on behalf of the majority of the people living at the service; however, if people did not have any relatives they would be supported to access the services of an advocate. There was one person living at the service who was using the services of an advocate.

People had differing levels of needs, and we observed that staff offered varying levels of support to each person, depending upon their assessed needs. We saw that support was provided in a kind, calm and relaxed way and that people were at ease in the presence of staff. Our observations demonstrated that staff had positive relationships with the people they supported. People moved around the service and had the opportunity to choose where they wanted to be. Staff provided gently support at a level that was acceptable to people.

People's privacy and dignity were promoted. One person said, "They always knock on my door before they come in." People told us that the way in which staff communicated with them, made them feel they were respected and ensured their dignity was maintained.

Staff spoken with were able to describe how they ensured people's privacy and dignity was respected. A staff member said, "We ensure that the residents receive personal care in the privacy of their bedrooms and make sure bathroom and toilet doors are closed." We observed this happening in practice. For example, we observed two staff moving a person using a hoist; they gave careful explanations and spent time reassuring the person. We found that the service had policies in place for staff to access, regarding respecting people and treating them with dignity.

The service did not have any restrictions on visiting. Staff and the registered manager told us that people's visitors were able to visit at any time of the day and night. The registered manager said, "I always tell staff that family members are allowed to visit the residents at any time, just as if they were living in their own home. Of course if it is really late we would check their identity."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us they had been involved in how their care was assessed, planned and delivered. A person said, “They know me well and what I need.”

Staff told us that people’s care plans were developed around them as an individual and their histories and preferences were taken into account. A staff member said, “We look after each service user as an individual, they are our number one priority. We care for them very well, I feel very proud of that.”

The registered manager said that before anyone was admitted to the service their needs were assessed and the information obtained from the assessment was used to develop the care plan.

We saw in the files we looked at that assessments had been undertaken. The care plans were personalised and contained information on people’s varying level of needs and provided guidance on how people wished to be supported. Giving people choices and promoting their independence were essential factors in how people’s care was delivered. We saw that the care plans were reviewed monthly or as and when people’s needs changed. Yearly reviews were held with staff, family members and care managers. We found if people were admitted to hospital for a considerable period of time their care needs were re-assessed prior to them returning to the service. This was to make sure that the service was still able to meet their needs appropriately.

People took part in activities that were focussed on them as individuals. A person said, “I fold all the towels from the laundry, it’s my job and I like to be busy.” A second person commented, “I go into town with a staff member and spend my money in the market.”

The registered manager told us that the service employed a part-time activity co-ordinator. In addition a staff member was allocated an hour in the afternoon to lead an activity. We observed during our inspection people had been taken out for a walk to the park.

We found that the activities provided were varied and included a weekly visit by a hairdresser, board games, singing, walk to the park, quizzes, dusting, folding laundry, arts and crafts, movie afternoon and pet as therapy [PAT] dog.

People were encouraged to bring in personal possessions from home, including small items of furniture. Some rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

People were encouraged to raise concerns or complaints. A person said, “I’ve never had to complain but I would speak to one of the seniors if I wasn’t happy.” They were confident that concerns were dealt with appropriately and in a timely manner.

Staff said that people had access to the complaints policy but this was rarely needed because of the approachability of the registered manager.

The registered manager said she had received one written complaint within the last year. She said that complaints and comments were used to improve on the quality of the care provided. We were given examples on how comments made by people and family members were acted on. For example, people had complained about the loud sound on the call bell system and this had been adjusted. We found that the complaint made had been responded to within the agreed timescale and appropriately. The complaints procedure was accessible to people and their relatives and written in an appropriate format.

Good

Is the service well-led?

Our findings

The service promoted a culture that was positive open and inclusive. Staff said that the registered manager operated an open door policy and was transparent. A staff member said, “I can talk to the manager if there is a problem or I have a concern, things get sorted.” Staff told us that issues were taken seriously and were not left; they felt they could be open with the registered manager and with each other.

The registered manager said that she encouraged family members to come in and have a chat or to write e-mails. She said, “My door is always open.” She also said that staff were encouraged to make suggestions and to come up with solutions to any problems raised which were acted on. Staff spoken with confirmed this and said that the registered manager treated them fairly.

Staff were clear about the process to follow if they had any concerns about the care provided and knew about the whistleblowing procedure. They said that they would have no hesitation to use it if the need arose.

The service had processes in place to encourage communication with people and their relatives. For example, people and their relatives were asked to provide feedback on the care provision and to make suggestions and these were acted on.

There was a system in place to ensure when incidents occurred they were investigated by the registered manager. If areas of poor practice were identified these were addressed in a formal manner and discussed at staff meetings, to ensure lessons were learnt and to minimise the risk of recurrence.

The leadership at the service was visible which inspired staff to provide a quality service. Staff told us that the registered manager was supportive and available to them. They also said that the deputy manager was now supernumerary three days per week to assist in delivering a quality service. During our inspection we observed the registered manager and deputy manager interacting with people and staff in a positive manner.

We saw evidence which confirmed the provider was meeting their registration requirements. For example, the service had a registered manager in post. Statutory notifications were submitted by the provider. This is information relating to events at the service that the provider was required to inform us about by law.

Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed. One staff member said, “We work well together we are a good team here.” Our observations throughout the inspection demonstrated that staff understood what was expected of them. A staff member said, “I would recommend this place to my family.”

There was a quality assurance system in place at the service. The registered manager told us that the service had a system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place but there was no information recorded to indicate that actions had been completed.