

Lily Caring Angels Limited

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Inspection report

6 Dening Close
Chard
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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

Lily Caring Angels Limited provided personal care to people living in their own homes in the Chard area. At the time of the inspection the agency was providing personal care for four people and employed two members of staff. The registered manager and a director in the company carried out most of the care.

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

People, relatives and professionals praised staff and said they were very caring and compassionate. Staff knew each person as an individual, and what mattered to them and treated people with the utmost dignity and respect. They were excellent at promoting each person's dignity, wellbeing and independence and improving their quality of life. For example, helping people with housework and shopping in their own time.

People said they felt safe and well cared for and that the service was reliable. Staff had received safeguarding training and knew about the different types of abuse, and ways to protect people.

People received consistent support from well-trained care staff who knew them well. People praised the quality of service they received and told us they would recommend it to other people who required this type of support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff made sure people's legal rights were respected.

People's care was personalised to their wishes and preferences and took account of their personal circumstances, interests and hobbies. People were consulted and involved in decisions about their care. Complaints and incidents were opportunities to learn and improve.

The agency was well led by the registered manager and a director who worked alongside staff in day to day practice. They sought feedback from people and continually improved the care provided. The provider worked with other professionals and organisations to promote people's health and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – The last rating for this service was Good (report published 11 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lily Caring Angels Limited

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

One inspector visited the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and 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. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with a person who used the service and with a relative to ask them about their experience of the care provided. We looked at three people's care records.

We spoke with the registered manager, a director in the company and with two members of staff.

We looked at systems for recruitment, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who worked with staff . We received a response from two of them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe with the staff who supported them. One person said, "I'm well looked after here, they are reliable."
- The agency had sufficient staff to meet people's needs. People were supported by a small team of staff they knew and trusted.
- Where people required two members of staff to assist them, this was provided.
- Where a person wished to change their morning visit time, as the mornings were getting darker, staff were able to accommodate this change.
- The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people.
- People were protected because all staff received training on how to recognise and report signs of abuse.
- Staff told us they would not hesitate to report any concerns and were confident the registered manager would take action to make sure people were protected. The registered manager recognised signs of abuse and made the local authority safeguarding team aware of any potential concerns, so these could be followed up.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems to minimise risks for people using the service and for staff. They carried out risk assessments with individuals and acted to make sure risks were minimised. For example, where people were at risk of falls the registered manager ensured people were supplied with the correct equipment to support them.
- Environmental risk assessments for each person's home highlighted any potential hazards and staff received training in health and safety.
- Any accidents and incidents were recorded and analysed by the registered manager to enable them to learn from events and share that learning with staff.

Using medicines safely

- People who needed help to take prescribed medicines were supported by competent staff. Staff received training in the safe administration of medicines and were assessed to check they had the knowledge and skills to administer medicines safely.
- Staff kept clear records of any medicines administered.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in infection control and understood the importance of hand washing to prevent cross infection.
- The provider made sure staff had access to personal protective equipment such as disposable gloves, aprons and alcohol gel to prevent cross infection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People's needs were assessed before they started using the service to ensure they could be met. Assessments were comprehensive and involved people and families.
- People's care and support needs were regularly reviewed and updated in partnership with them as their needs changed.
- People received their support in accordance with up to date best practice guidelines. Evidence-based assessment tools were used to assess people's moving and handling, nutrition, and skin care needs.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet their needs. All new staff completed an induction period and worked alongside the registered manager and other experienced staff. This ensured they had the knowledge and skills needed to independently care for each person. If staff were new to care, they had to complete the care certificate, a nationally agreed set of standards.
- The registered manager and directors were registered nurses, so kept up to date with best practice evidence. Other staff had qualifications in care and received regular training which included online and face to face training. For example, fire safety, dementia awareness, infection control, food safety, as well as practical moving and handling training such as how to operate a person's hoist equipment.
- Staff felt well supported in their work and had opportunities to receive feedback through supervision, spot checks and appraisals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were helped to access healthcare services and care staff supported people with any recommendations. For example, encouraging a person to complete leg strengthening exercises to improve their mobility.
- Care staff monitored people's on-going health conditions and sought professional advice appropriately from GP's, district nurses and local occupational and physiotherapy services.
- Professional feedback we received showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. For example, when they identified any health concerns or signs of an infection.

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

- People said staff offered them drinks and meal choices and made sure they had drinks and snacks within reach before leaving.
- Staff supported two people to plan their own menus and food choices.
- Where staff supported people with meal preparation, they were aware of people's likes and dislikes and any dietary restrictions.
- Where a person had a swallowing difficulty, staff understood the importance of preparing the person's meals to a consistency recommended by a speech and language therapist. Also, the importance of upright positioning and making sure the person was given plenty of time to eat their meal in order to minimise coughing and choking risks.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff sought people's consent before delivering any care or treatment. For example, about whether they wanted a wash or a shower or private time in the bathroom.
- Staff demonstrated an understanding of the principles of consent. For example, about a person's right to make choices, and helping them understand the risks and benefits in planning their care.
- Where people had memory problems or their capacity fluctuated, staff worked with people and families, legal representatives and professionals to agree decisions in their best interest.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives praised staff and described them as very caring and compassionate. One person appreciated that staff listened to them and said, "They are very understanding of my feelings and are very interested in my welfare." Relatives in feedback wrote, A, "Your devotion to [person's] care was wonderful. A very big thank you for all the care you gave me over and above what might be expected," and "The carers are dedicated."
- Staff said, "[The registered manager] puts people first, she goes the extra mile" and "[The registered manager] loves taking care of people, I'm learning so much from her." Professionals said, "The agency go way and above what they need to do, they work holistically," and "They went above and beyond looking after a couple in the community, I was really impressed with the care, they kept that family together."
- The service had a person centred culture. The provider led by example and created a culture which was caring and supportive to people and families who used the service. For example, the registered manager recognised a family member caring for their relative was becoming exhausted. To encourage them to have a rest and a break, they paid for the person and their friend to have a few days holiday in a hotel. Whilst they were away, they looked after the person in their own home. Both the person and their relative enjoyed and benefitted from the change and felt exceptionally supported and cared for.
- The ethos of the service was "passionate about care" which staff demonstrated in their day to day work. For example, staff visited a person in their own time to help them with housekeeping, cleaning and decluttering, as they had got behind due to ill health. This helped lift the persons mood, wellbeing and their ability to move around their home.
- Staff continued to support people when they were admitted to hospital. For example, visiting people in hospital regularly, taking them clothes, food and updating family members who were too far away to visit about their progress. The registered manager arranged for a person to spend Christmas day with them and their family, when they became aware a person would be on their own for Christmas.
- Staff were kind and thoughtful. For example, they continued to provide telephone support and pop around regularly to support a relative of a person they had cared for in the past. A relative also told us how the registered manager helped their neighbour "through their troubles."

Respecting and promoting people's privacy, dignity and independence

- The registered manager was a champion for the Dignity in Care campaign, an initiative which promotes access to dignity as a human rights for all. All staff had received training on providing people care with

dignity and respect. Staff had signed their commitment to uphold the Ten Dignity Do's promoted by the National Dignity Council.

- Staff used their knowledge and local contacts to advocate for people. The registered manager said, "There are people out there with no advocates, who don't know how to do the simplest things, so if we can help them with that, it makes me feel happy." For example, by helping people to complete applications for benefits and to write letters to the authorities on their behalf. Also, by contacting local agencies to arrange equipment and adaptations to their home, to help them maintain their independence for as long as possible.
- To support a person who could drive, but struggled with their mobility, staff arranged to meet them at their local supermarket. This meant the person could drive there independently, which they enjoyed but received the support they needed to pack, transport and unpack their shopping.
- People confirmed staff treated them with dignity and respect. Staff protected people's privacy and supported them sensitively with their personal care needs. For example, closing curtains and covering the with a towel, to protect their privacy.
- Care plans included details about aspects of care people could undertake independently, and those they needed care staff support with. For example, that a person could wash their hands and face and clean their teeth but could not be left unattended in the bath.

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

- People were visited before they began to use the service. This enabled them to express their wishes about the support they would like to receive and who they would like to be supported by.
- People were encouraged to read their care plans, to check they were accurate and to see if they wanted to add anything or make changes.
- People and families were involved in making decisions about their care, day to day and through regular planned care reviews.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised to their wishes and preferences. For example, staff knew exactly how a person liked their porridge and where they wanted their things stored after using them.
- Staff were responsive to people's changing needs and adjusted their care accordingly in discussion with the person. For example, making a person's lunch visit longer when they struggled to eat. Also, by contacting local professionals to visit and assess a person who provided them with extra equipment and adjustments to their home, so they could have a bath.
- Each person had a care plan which included information about their needs and how they liked to be supported. For example, that one person needed encouragement to drink
- People and staff said care records were accurate, detailed and up to date about all their care and treatment needs. For example, about moving and handling or skin care needs.

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.

- People's communication needs were identified, recorded and highlighted in care plans. For example, whether people needed glasses to read and information about any hearing impairments.
- Information provided to people about the service, such as the service user guide, was easy to follow. At the time of the inspection no one required information to be made available in specific formats. However, the provider said they could provide personalised information to people, if needed. For example, by reading it to them, or producing the information in a larger font or easy read format.

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

- Staff knew people well and supported them to maintain relationships and to go out in the community, for example for shopping or to attend church.
- Staff knew people well, about their families, previous careers, achievements, interests and hobbies. However, this information wasn't currently captured in people's records. This would make it harder for new staff, who don't know people well to access this information. We discussed this with the registered manager and a director, who said they had already recognised this and were currently working on capturing that information.

Meeting people's communication needs

Improving care quality in response to complaints or concerns

- The registered manager and a director provided hands on care in addition to their management roles. This enabled them to seek people's views and respond to concerns on an informal basis.
- People said if they had any complaints they would be comfortable to raise them with the provider. There was a complaints system in place and people were given written information about how to raise a complaint when they started using the service. This was kept with a care record folder in each person home.
- We followed up a complaint CQC were aware of which had been investigated and dealt with appropriately. The registered manager worked with the person and others to improve communication and clarify roles and responsibilities. No other complaints were received.

End of life care and support

- Currently the service was not supporting anyone with end of life care, but people could be confident they would receive high quality compassionate end of life care from skilled staff.
- The registered manager was experienced in providing end of life care and had a lead role in ensuring staff had the training and support they needed to provide effective care. They worked in partnership with other professionals to make sure people were well cared for and comfortable.
- Feedback from relatives was positive about end of life care staff had provided in the past. Relatives feedback included; "Your devotion to [person's] care was wonderful. [Person] was able to achieve their wish and die peacefully," "[Person] looked forward to your visits and knew you would make her as comfortable as possible.
- Where people had expressed any advanced decisions about resuscitation or end of life care wishes, such as funeral arrangements, these were recorded in their care plan.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and another director were committed to providing care of a high standard tailored to people's individual needs. They set high expectations about standards of care, worked alongside staff and led by example.
- People's and relatives' comments included; "The agency is safe and reliable, listens to us. I would recommend it to others" and "[Person's] interest was always at the heart of your decision making." A health professional said, "I am really impressed with the care provided. Always really open and very modest."
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and families and made improvements.
- Where any concerns about individual staff performance were identified, these were dealt with through training, supervision one to one coaching.
- Staff understood their roles and responsibilities and were accountable for their practice. They knew people well, care was person-centred and focused on people's health and well-being. Staff said they worked well as a team and felt well supported. Staff comments included; "Very nice supportive small company to work for," and "It is well run, [the registered manager] pays attention to detail, is flexible and goes out of their way bring everyone together."
- Staff birthdays were celebrated with cards and cake, and staff regularly received written notes of thanks and praise about their performance.

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

- People were supported by a provider who had systems to monitor quality and plan on-going improvements. The registered manager and another director worked alongside staff which enabled them to monitor staff competence and the quality of care provided. They met with staff regularly to discuss and review people's ongoing needs.
- The service used a range of quality monitoring systems to continually review and improve the service. For example, through audits of care records and 'spot checks' on staff.
- The registered manager was aware of their regulatory responsibilities. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. The agency displayed their CQC rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives' feedback, views and suggestions were regularly sought through regular reviews and customer satisfaction surveys. For example, about making changes in their daily routine.
- Staff felt able to make suggestions and felt listened to through daily handover meetings, staff meetings and at one to one supervision meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager and a director were registered nurses so kept up to date with evidence-based practice as part of their nursing registration requirements.
- The provider worked in partnership with the local authority and health professionals to make sure they were providing a service which was responsive to local need. They had developed links with local care managers, GP's and other health professionals.
- Staff supported people to participate in their local community, for example to access local shops and services.
- The registered manager received regular updates from the Care Quality Commission about regulatory matters.