

Partnerships in Care Limited

Lily Close

Inspection report

3 Lily Close
New Road
Rainham
Essex
RM13 9FF

Tel: 01708253944

Date of inspection visit:
18 September 2019

Date of publication:
25 October 2019

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 Close is a residential service providing care and accommodation to people with learning disabilities and/or autism. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Lily Close accommodates up to 10 people in three adapted buildings. At the time of our inspection six people were living there.

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

There were safeguarding procedures to keep people safe from abuse. Risk assessments were used to monitor risks to people and keep them safe from harm. There were enough staff at the service. Suitable staff were recruited to work with people. Medicines were managed safely. Staff understood how to prevent infection. The service analysed incidents and accidents to learn lessons when things went wrong.

People's needs were assessed before moving into the service. Staff were trained how to do their jobs and were supervised in their roles. People were supported to eat and drink healthily. People were supported to access health and social care professionals as and when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were caring. People and their relatives were involved with their care and consented to their treatment. People's privacy was respected, and their independence promoted.

People's care plans recorded their needs and preferences, so staff knew how to best work with them. People were supported to do activities they liked to do. The provider understood people's communication needs and sought to ensure their voice was heard. The service ensured people were not socially isolated. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People and relatives told us they knew how to make complaints. People's end of life wishes were recorded if people wanted them to be.

The service promoted person-centred care. People and relatives were happy with the management of the service. The provider used quality assurance measures to drive improvement in the service. Staff understood their roles and responsibilities. People, relatives and staff were involved with the service through meetings and feedback provision. The service had links with other agencies to the benefit of people using the service.

Rating at last inspection

The last rating for this service was good (published 22 March 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 Close

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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 unannounced.

Inspection site visit activity started on 18 September 2019 and ended on the same day.

What we did

Before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During our inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff; an administrator, two care staff, one senior care staff and the registered manager. We reviewed a range of records. This included two people's care records and two medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from two relatives of people living at the service.

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

- People told us they felt safe. One person said, "Yes, [I feel safe. If I didn't] I could talk to staff."
- There were systems in place to safeguard people from abuse. Incidents were recorded and analysed and where an incident was deemed to be potential abuse, safeguarding alerts were sent to the local authority and the Care Quality Commission (CQC) was notified.
- Staff members knew what to do if they suspected abuse. One staff member said, "If you think anything is not ok report it to the team lead or we can ring the local authority." Staff received training in safeguarding that was refreshed regularly. This meant that people were kept safe from risk of abuse.

Assessing risk, safety monitoring and management

- The service completed risk assessments for people to monitor risks to them and keep them safe from harm. Risk assessments focused on different aspects of people's lives. Risk assessments included risks in the community, communication and choices, relationships and health and wellbeing. Risk assessments contained actions for people and staff to follow to minimise risks to people.

Staffing and recruitment

- People told us there were enough staff. One person said, " Yes its fine [there are enough staff]." The service rota showed there were enough staff. We also saw that staff numbers were increased when people's needs changed.
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles. This meant people were kept safe as the provider employed suitable staff.

Using medicines safely

- People told us their medicines were managed safely. One person said, "Yes. I take three tablets at night. It's fine, staff give me water to drink when I take it."
- There was a medicines policy in place. Staff were trained how to administer medicines and their competency was checked regularly. We observed a staff member administering medicines and checked the medicines for one person; we found everything to be in order.
- Staff completed Medicines Administration Record (MAR) charts to record medicines administered. These charts were audited regularly by the management, and also annually by the pharmacy. This meant that people's medicines were managed safely.

Preventing and controlling infection

- Staff told us they knew how to prevent infection. One staff member said, "We wear suitable clothing,

gloves, aprons and we wash our hands."

- There was a personal protective equipment policy in place that staff followed. Staff were trained on infection control and we saw that staff were provided with this equipment to do their job.

Learning lessons when things go wrong

- Lessons were learned where things went wrong. Incidents and accidents were recorded and analysed. Learning was shared in team meetings and supervisions. There was an incident and accident policy in place that guided staff on what to do when things went wrong.

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 began using the service. Assessments were comprehensive and covered different areas of people's lives where they may need support.
- Assessments covered people's support needs, their personal safety and risks, their social networks and a variety of other topics that provided insight into their needs and preferences. In completing these assessments, the service was able to ensure they could meet people's needs.

Staff support: induction, training, skills and experience

- People told us staff knew how to do their jobs. One person said, "They know what they are doing." A relative told us staff were skilled and experienced but additionally were open minded to trying new things. They said, "I do - I think they are open minded enough which is nice. They are not closed to ideas." The relative explained how the staff were willing to work in new ways when people presented behaviour that challenged.
- Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people.
- Staff received training in how to do their jobs. Staff completed face to face and online training beneficial to working in health and social care. Staff also completed specific training to assist meeting people's needs. For example, some people had nutrition requirements and others mental health conditions. Staff received training on how to work with people with these needs.
- All staff received supervision and appraisals, where they provided support and guidance how to fulfil their roles and offered the opportunity to develop their skills.

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

- People thought highly of the food at the service. One person said, "Food is perfect." A relative said, "[staff member] has devised a new menu for [person] taken from the diabetes book. [Staff member] has spent quite a bit of time putting together this healthy eating plan."
- People's care plans recorded their dietary needs and staff knew what people could and couldn't eat.
- People were able to choose their meals. People collaborated with staff to complete a weekly menu with a variety of meal options. This meant people were supported to eat and drink healthily.

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

- Staff worked with other agencies, including health and social care professionals, to ensure people received effective care. Records demonstrated that staff worked in tandem with other health and social care

professionals and shared relevant information with them.

- Staff held handovers between each shift, so that important information was passed on.
- People were supported with their health care needs. One person told us, "Staff would help me [if I was unwell]." A relative said "They've had to call the ambulance before and always call me too. We tend to try and keep [person] out of A&E as it distresses them, so we work with the ambulance service and Lily Close to resolve issues."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service to working within the principles of the MCA. Staff were trained in the MCA and sought people's consent to care. We saw that care plans contained mental capacity assessments, best interest decisions where appropriate and also DOLS authorisations.

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; equality and diversity

- People told us they were happy with their care. One person said, "[Staff are] always kind, always being nice." A relative told us, "They are, yes. They are caring. I just pick up they like [person], they want to help them and don't have preconceived ideas about their condition."
- The service treated people equally. People's care plans were personalised and individual. They were informative about how people liked to be treated and identified their cultural needs and discussed faith, sexuality, diversity and choice.

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

- People told us staff listened to them. One person said, "Oh yes they do listen to [person]." People were able to provide input into their care during the regular key work meetings and care plan reviews. Relatives told us that they were involved in decisions about people's care. One relative said, "Oh yes they involve us. [Registered manager] is really on the pulse."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One person said that, "Yes they do respect my privacy." People had their own rooms or bungalows and we observed staff knocking on people's doors before entering. We also saw that people's personal information was kept on password protected computers or in lockable filing cabinets in locked offices.
- Relatives told us people were treated with dignity. One relative said, "Yes they do [treat person with dignity.]" Staff spoke about people in respectful terms and documentation we saw was person-centred, showing that people were treated with dignity and respect.
- Staff promoted people's independence. We observed staff encouraging people to do what they could at mealtimes. This was done in a respectful and caring manner. Documentation indicated people were supported to attend social events and activities and be as independent as possible. A staff member told us, "I will give them the chance to do things like dress themselves."

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's care plans recorded their needs and preferences in detail. They were personalised and contained information about what was important to them as well as aims and goals people aspired to.
- Care plans focused on how people liked things done and the best way to provide care. For example, one care plan we saw contained test results for staff to show how much they knew the person whose care plan it was. There were questions on what the three most important things for the person were, and what is apparent if the person is having a good day and having a bad day. This showed that the service was keen for staff to know the people they supported and what their interests and preferences were.

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.

- The service supported people with various communication needs. Communication needs were recorded in people's care plans and often there were personalised dictionaries for staff to interpret what people meant. Relatives highlighted to us that the service was always seeking to learn new ways of communicating with people. One relative said, "[Registered manager] is so insightful about things. There are some instances [of communication] I hadn't even noticed."

Supporting people to develop and maintain relationships to avoid social isolation

- The service ensured people could develop relationships and avoid social restriction. We saw evidence of how the service supported people to attend activities or social events in the community, such as discos, with the aim of enhancing their social outlook and relationships.
- People were supported to do activities they liked to do. One person said, "Staff give me choices all the time - I can go swimming when I want. We went on holiday." Information about activities people liked to do was updated regularly through regular key work sessions and care plan reviews.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately. The service maintained a complaint log and we saw the service had acted responsively. People and relatives told us they knew who to complain to and would feel comfortable doing so. One relative said, "Yes I would go to [registered manager] and then if I didn't receive anything I would go to head office - but [registered manager] has always resolved things."

End of life care and support

- The service supported people to record end of life wishes appropriately. Where people had chosen to record their end of life wishes the service had worked with the person and their relatives to document the person's wishes with regard to their cultural and religious needs, their wishes for burial or cremation, how they want their resting place noted and what to do with their possessions.

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; continuous learning and improving care

- The service promoted person-centred care. The care provided placed people at the centre of their care and staff worked to ensure people had fulfilled lives. Documentation at the service focused on people's needs and preferences and sought to ensure their voice was heard and their choices respected.
- The provider had quality assurance systems in place to ensure they provided high quality care and support and sought to continuously improve. These included, but were not limited to, audits, staff observations, supervision and questionnaires.
- There were regular audits and monitoring reports completed by the service that were checked by the provider. The service was also monitored for quality by the local authority. We had spoken with the local authority before visiting the service and read their most recent report noting there were no outstanding issues. We also noted a pharmacy completed annual audits to ensure that medicines were managed safely.

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

- People and relatives thought highly of the registered manager. One person said, "Yes, I like them. They are good." One relative told us, "The manager is first class. The best manager in all the years [person] has been there."
- Staff understood their roles and working within regulatory requirements. The registered manager knew their responsibility with respect to notifying the local authority and CQC when things went wrong.

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

- People and relatives were engaged in the service. This engagement usually occurred in meetings and key work sessions. One relative said, "Oh absolutely [we're involved in meetings]." Minutes showed that people and relatives were involved in meetings that demonstrated they engaged with the service.
- Staff attended regular team meetings. One staff member told us, "Yes I attend [staff meetings], we speak about what we want to discuss, concerning the residents their needs and best interests." Minutes of meetings we saw showed the staff discussed people's wellbeing and behaviour, safeguarding and record keeping as well as numerous other topics.
- The service sought and listened to feedback. One relative said, "I have in the past [completed a quality questionnaire]." Quality questionnaires completed by people and relatives we saw were all positive and showed people felt their care was supportive.

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 understood and acted responsibly and responsively when things went wrong. We looked at incidents and complaints and saw that the service replied to these in a professional manner and took responsibility for the care they provided.

Working in partnership with others

- The service had professional relationships with a local authority and other health and social care providers. These relationships were maintained to the benefit of people using the service. We saw various examples of interactions recorded and saw they ensured people were cared for effectively.