Lilena and Pentree Lodge Care Homes Limited

Lilena Residential Care Home

Inspection report

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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

Overall summary

Lilena Residential Care Home is a care home which provides accommodation and personal care for up to 14 people with mental health needs. At the time of the inspection 14 people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 inspected on 5 and 6 October 2015. The inspection was unannounced. The service was last inspected on 29 September 2013 and was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, " Yes I feel safe; I have never felt threatened here." Staff were friendly and carried out their duties to a high professional standard. There was a calm atmosphere and people did not appear rushed. Staff understood their work and were committed

Summary of findings

to the people who lived at Lilena. Records showed there were satisfactory recruitment processes, and staff had undertaken basic training, such as first aid and fire training, as required by health and safety regulations.

The medicines system was well organised, and people told us they received their medicines in a timely manner. People had access to a general practitioner (GP), mental health nurses, and other medical professionals such as a dentist, chiropodist and an optician.

There were satisfactory numbers of staff on duty to keep people safe and meet their needs. People who used the service told us staff worked professionally to meet their needs. For example we were told staff were “very good” and “always helpful.” People said staff were approachable and supportive.

People told us they could spend their time how they wanted and were able to spend time in private if they wished. Some individual activity time was available, although currently most of the people who lived at Lilena preferred to occupy themselves.

Care files contained suitable information such as a care plan, and these were regularly reviewed. People and their representatives were encouraged to be involved in care plan reviews. People’s capacity to consent to care and treatment was suitably assessed in line with the Mental Capacity Act (2005). People said they did not feel restricted, and were free to come and go from Lilena as they pleased.

People said they enjoyed the food. People could make a hot or cold drink when they wanted one. The conservatory was a designated smoking area, and other areas of the home were kept smoke free.

People felt the home was well managed. For example we were told the registered manager had “a good attitude” and was “friendly and supportive.” There were satisfactory systems in place to monitor the quality of the service.

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

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and provide them with assistance when it was required.

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by suitably trained staff.

Good

Is the service effective?
The service was effective.

People told us they did not feel restricted, and they had a choice how to live their lives.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. Special diets, for example for people with diabetes, were catered for.

Staff received regular training so they had the skills and knowledge to provide effective care to people.

People had satisfactory access to doctors and other external medical support. For example from the mental health team.

Good

Is the service caring?
The service was caring.

Staff were supportive and professional. People said staff treated them with dignity and respect.

People's privacy was respected, and people were encouraged to make choices about how they lived their lives.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

Visitors told us they felt welcome and could visit at any time.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support which was responsive to their changing needs.

Care plans reflected people's individual care needs and were regularly reviewed.

People told us if they had any concerns or complaints they would be happy to speak to staff, the manager or the owner of the service. People felt any concerns or complaints would be suitably addressed.

Good

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

Good

Summary of findings

People who used the service, and staff who worked at the service said management ran the home well, were approachable and were supportive.

There were suitable systems in place to monitor the quality of the service.

The service had a positive caring culture.

Lilena Residential Care Home

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.

We visited Lilena Residential Home on 5 and 6 October 2015. The inspection was carried out by one inspector and was unannounced

Before visiting the home we reviewed previous inspection reports and other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days of our inspection visit we spoke with nine people who used the service and three visiting relatives. We also spoke with the registered manager and four members of staff. We inspected the premises and observed care practices on both days of our visit. We looked at three records which related to people's individual care. We also looked at ten staff files and other records in relation to the running of the home.

Good

Is the service safe?

Our findings

People who lived at Lilena Residential Home told us they felt safe. Comments we received from people who used the service included; " Yes I feel safe; I have never felt threatened here." A visiting professional told us: "I have found Lilena to be an environment in which my clients seem to feel safe and cared for."

The service had a satisfactory safeguarding adults policy which staff were aware of. All of the care staff had a record of receiving training in safeguarding adults. Staff understood what action they should take if they suspected people were being subjected to abuse. For example we were told "I would speak with the manager, and she would take suitable action such as suspending the member of staff concerned." Staff said they were confident any allegations would be appropriately investigated by management and resolved professionally. For example staff said management would report the matter to the local authority and the Care Quality Commission. Nobody we spoke with, such as staff or people who used the service, had witnessed or heard about any poor or abusive practices occurring in the service.

Care plans included risk assessments which identified any potential risks, for example due to people's mental health diagnoses, or physical health needs such as diabetes. There was a record that risk assessments had been regularly reviewed.

The owner and the manager of the service, held money for some people to enable them to make purchases of small items, for cigarettes and chiropody. Monies were held securely in a safe, and key holding was limited to a small group of staff. The registered manager said if key holders were not available a small float was set aside to staff, so people could purchase any items they required. Receipts were kept to account for monies received and spent. The administrator regularly checked monies and associated records to ensure accuracy. We checked the records against monies held for people and found these to be correct.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and to subsequently reduce people's risk. Where appropriate staff liaised with external professionals regarding any frequent or serious incidents and obtained suitable advice.

There were enough staff available to meet people's needs. Staff rotas showed there were two members of staff throughout the day and evening. From Monday to Friday the registered manager generally worked between 8am and 6pm, although she also worked some shifts. During the night there were two members of staff who slept in, but could be woken by people in emergencies. A cleaner and an administrator were also employed.

The service had a satisfactory recruitment process. Checks completed on staff included two references and a Disclosure and Barring Service (DBS) disclosure which checked if the person had any criminal convictions. If someone did have a conviction, the registered persons assessed whether the person represented a risk to people, and whether it was appropriate to employ the person or not.

Medicines were stored and administered safely. Staff were aware of what medicines people needed to take and when. One person self-administered their medicines. People told us they received their medicines on time and staff always ensured there was a satisfactory supply of medicines from the pharmacist. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and dispose of medicines. Medicines which required either refrigeration or to be kept more securely were suitably stored and additional necessary records were kept. Training records showed staff who administered medicine had been suitably trained.

The environment was clean and well maintained, although some of the carpets, for instance in the hallway, were beginning to look shabby. The registered manager said she was in the process of replacing the carpet. The boiler, electrical systems, gas appliances and water supply had been tested to ensure they were safe to use. There was a system of health and safety risk assessment. There was a policy, and system in place to minimise the risk of Legionnaires' disease. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. The Environmental Health Officer had recently visited the home and was satisfied with catering arrangements.

Good

Is the service effective?

Our findings

People told us the service met their needs. People told us the staff were nice and supportive. An external professional told us "I find the staff and care very professional and effective." People said staff did not restrict their movements or how they wanted to live their lives. People said staff allowed them to make decisions for themselves.

Staff were knowledgeable and demonstrated a good understanding of the needs of the people who lived at the service. Staff received an induction when they started working. We were told this included completing on line or DVD based training, shadow shifts with more experienced staff, and the reading and explanation of appropriate policies and procedures. An induction checklist was completed for each new staff member. The registered manager said the service was in the process of introducing a new induction process in line with the new expectations outlined by Skills for Care. For example this could be used as preparation by some staff to obtain the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide suitable care and support for people.

Staff had received suitable training to carry out their roles. Most staff had received the training required by the service. This included first aid, food hygiene, infection control, safeguarding, fire awareness and mental capacity. Some staff had completed National Vocational Qualifications (NVQ's) in care, and others were currently enrolled to complete care diplomas.

We spoke to staff about the training they received. They told us it was comprehensive and helped them to do their jobs. People who had completed an NVQ or Care Diploma, while working at the home, said these had been tailored towards working with people with mental health needs. Several of the staff said they would like more training about mental health. The registered manager said she was currently looking into this.

Staff received individual formal supervision with the registered manager. Records of supervision were kept in personnel files. Staff told us the registered persons were approachable should they need advice and support outside the supervision process.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment.

The staff we spoke with showed a basic awareness of the legislation, and of people's rights as outlined in the MCA. The service had suitable systems, in line with legislation and guidance, to assess people's mental capacity to consent to care and treatment. At the time of the inspection the registered manager said no body who lived at Lilena lacked capacity. The people we spoke with all said they did not feel in any way restricted, and said they could make choices. People said they could leave the building if they wanted, and within reason, do as they pleased within the home. For example people had the choices about how they spent their time, what they wore, and when they got up and went to bed each day. There were some restrictions about where people could smoke, for example not in their bedrooms, but this was based upon the risk of fire.

People told us the food was enjoyable and there was enough to eat. A blackboard in the lounge displayed what meals were to be prepared that day. People who were vegetarian said their dietary needs were suitably met. The home also catered for people who were diagnosed with diabetes. The registered manager told us there was a choice of meals available. People told us staff would also prepare, or assist them to make an alternative if this was required. People could make a hot or cold drink at anytime. None of the people who used the service currently needed assistance with eating.

People told us they could see a GP when they requested one. People also saw other health care professionals such as a community psychiatric nurses, psychiatrists and

Good

Is the service effective?

district nurses. People said the service arranged for them to see a chiropodist, dentist or an optician if they wanted to. Records about support from medical practitioners were kept to a satisfactory standard.

The home had been suitably adapted to meet people's needs. For example, for people with a physical disability there was a walk in shower on the ground floor, and one person had a specialist bed due to their physical disability .

Everyone said they liked their bedrooms and that their bedrooms were always warm. The service was furnished and decorated in a homely manner, and looked pleasant and welcoming. There was a sun lounge, where people could smoke. There was a garden with outside seating. All areas of the home were readily accessible to the people who lived there.

Good

Is the service caring?

Our findings

People said they liked the staff and thought they were caring and helpful. For example one person told us staff were; “very good.” The relatives we spoke with were also positive, and said the staff are “always helpful.” Another relative said “I am very happy with (person’s name’s) care.” A member of staff we spoke with said “I really like it here,” and another said the service was “fantastic.” Staff said they had no concerns about colleagues’ practice, and felt staff were caring. Staff said they would challenge their colleagues if they observed any poor practice, and they said management would take appropriate action if any member of staff was unprofessional or acted in an abusive manner.

People said they received care in the way they wanted and said staff did not rush them. We observed staff working with people in a constructive manner. Staff interactions with people were friendly, patient and respectful. For example staff sat and spoke with people about any concerns they had or engaged in social conversation. The people we met said they received suitable support with their personal care. People said they were happy with how the care and support was given, and did not want any changes. People were able to make choices about their day to day lives, for example if they wanted to spend time with others in one of the lounges, or if they preferred to spend time alone in their rooms or out in the community. People told us they chose what time to get up and go to bed, and how they spent their day.

People's care plans outlined their needs, likes and dislikes, and included information about their lives before moving into the service. People had specialist health care needs, for example, diabetes care was documented. The people we spoke with said they were involved with their care planning. We were told each person attends a regular meeting to review their care plan, along side their key worker (a member of staff with specific responsibilities for assisting the person concerned). The meeting is also attended by the registered manager, external professionals, and other invited people such as a relative. At the meeting the person’s progress at the service, was discussed. Staff also assisted the person to make goals for the future.

External professionals were positive about the care and support provided by the service. One professional told us “Both people’s physical and mental health care needs are apparent to staff, who subsequently provide a comprehensive service to our clients.” Another external professional said “All my clients are comfortable and settled. Staff are able to deal with any issues on an internal basis, yet liaise with myself as appropriate when needed.”

People told us the staff enabled them to be as independent as possible. People were; able to go out on their own, encouraged to use public transport, and encouraged to help with household tasks such as cleaning or making meals. One person did voluntary work, and was seeking paid employment. People said their privacy was respected. For example, staff always knocked on their doors before entering, and said their care was not discussed in front of others.

Good

Is the service responsive?

Our findings

People told us the service was responsive. For example one person told us "It is very good here." People had their needs assessed before they came to live at the service to help ensure the service was able to meet their needs, wishes and expectations. There were copies of pre admission assessments, completed by a senior member of staff, in people's files. People confirmed somebody had met with them to discuss their needs before they moved into the service.

The service was divided into three separate parts. The main house where people received full support. A more independent part of the service, where people were encouraged to do more for themselves such cleaning and some cooking. There was also one flat where the person was encouraged to be independent, for example to do their own shopping, with the aim of in time moving on to their own flat. The registered manager said she was intending develop the service further to encourage more people to do more for themselves.

Care files were stored securely in the office. Care plans contained appropriate information to assist staff to provide the person with suitable care. Care plans also contained suitable assessments for example about the person's mental health, diet, continence, physical health and behaviour. Staff completed daily notes, for each person, detailing what the person had done each day, their health and behaviour.

Risk assessments were completed with the objective of minimising the risk of people's mental or physical health deteriorating. Care plans were regularly reviewed and updated with any changes in the person's needs. Staff were aware of individuals' care plans, and told us they were able to read people's files as necessary.

The service had a 'sanctuary' bed, which was used by the local health care trust, for people who lived in their own homes, or with family. The aim of this was for the person to have a break from their usual home life. We spoke to two people who used this service and both said they found the opportunity very helpful. The people also said staff were always welcoming and supportive when they came to stay at Lilena.

Throughout the two days of our inspection we had no concerns about the care we observed. Where people chose to spend most of their time on their own, they knew where they could find staff, and said staff were always supportive, if they needed help.

People were supported to maintain contact with friends and family. Relatives told us they were made welcome and they were able to visit at any time. People could meet with visitors in the lounge, conservatory or their bedrooms. The service had wi fi, so people could use their personal computers. However people said the signal could be poor in some parts of the service. The registered manager said she was looking into providing an additional connection for people's use.

People said they could go to the local church. People could access books and other information from the local library and some books were also available in the lounge . Newspapers or magazines could be delivered.

People were not keen to be involved in structured activities. Some people were happy to relax and go for walks during the day. Another person said they liked to knit and draw. However some individual sessions, with members of staff, were arranged on an ad hoc basis. These were used for social or shopping trips. Some people attended 'Coffee Corner,' a group for people living in the community with mental health needs. Some people had voluntary jobs, attended Indian head massage and reflexology sessions, went to the leisure centre and to the church. Some people said their relatives or friends would go out with them.

Staff and people told us there were 'residents' meetings. At the meetings people had the opportunity to discuss their views of the service and any suggestions for improvement. We saw copies of minutes of these meetings.

People and their relatives, said they would feel confident approaching staff or management if they had any complaints and people felt any concerns they raised would be taken seriously. However none of the people we spoke with, said they had previously had the need to make a complaint or raise any concerns.

Good

Is the service well-led?

Our findings

People and their relatives had confidence in the management. People said the registered persons were approachable and responsive, and had a good working knowledge of the day to day running of the service. One person described the registered manager as having "a good attitude." A relative said the new manager had "a calming effect on people."

Staff were happy with the management of the service. For example one member of staff described the manager as "friendly and supportive" and the service was "fantastic." The registered manager had only been in post since July 2015. The people we spoke with, said the transition had been managed well, and any anxieties about change had been unnecessary. People and staff said they had confidence in the registered manager and felt she was approachable.

People and staff were very positive about the culture in the home. One person said "We are all pals," and another person said "Nobody gives you any hassle at all here." Throughout the inspection the service seemed calm, and people seemed relaxed with each other. People we spoke with said they did not feel ill at ease with anyone. People said if they ever did feel threatened they could discuss this with staff, and they were sure staff would take appropriate action.

There was a clear management structure. The registered provider had another care home in Newquay. The registered provider told us they visited the home several times a week. We were told the registered manager worked at the home Monday to Friday, and where necessary would directly assist with care. The registered manager said the provider was in regular contact with her, and provided suitable support when this was necessary.

There were separate staff and 'residents' meetings every two months. We saw minutes of the meetings. There was a staff handover each day which helped staff to discuss any concerns about people's welfare and ensure staff worked consistently.

The registered persons monitored the quality of the service by completing regular audits such as of the medicine system, peoples' monies, care plans, maintenance and decoration, recruitment and staff training. Documentation such as policies and procedures and care plans were regularly reviewed and formats developed. An annual survey was completed This sought the views of people who used the service, staff, relatives, external professionals and other visitors. The findings were considered and an action plan developed from these. The results of the latest survey were positive.

Records showed that staff recorded accidents and incidents which had happened at the service. The registered manager used this information to monitor and investigate accidents and took the appropriate action to reduce the risk of them happening again.

A manager had been registered with the Care Quality Commission since July 2015. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been reported to the CQC.