

# Community Housing and Therapy

## Lilias Gillies House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Liliias Gillies House is a therapeutic community, which is a residential service providing support with personal care and therapeutic treatment of mental illness. At the time of the inspection, there were 11 people using the service, one of whom was receiving respite care.

People's experience of using this service:

People did not always experience care that was safe, because the service did not manage medicines safely in line with national guidance. Medicine stock levels were not always recorded accurately and the service did not always take appropriate action when people missed their medicines. Medicines were not always stored at the right temperature to keep them safe to use.

The provider did not maintain an appropriate level of cleanliness and food hygiene within the service, meaning people were at increased risk of acquiring infections.

A variety of meaningful activities was available, although there was only one planned activity a day and people did not always have enough to do. This meant there was a risk of people becoming bored and lonely. We have made a recommendation about giving people more encouragement to engage in activities.

Other aspects of the service were safe. People felt safe and knew what to do if they were worried about their safety. Individual risk assessments were in place to protect people from known risks and the provider carried out checks to make sure the environment was safe. There were enough staff to care for people safely and the provider checked they were suitable to care for people. The provider took action when accidents and incidents happened to prevent them from happening again.

The provider had a range of audits to check the quality of the service. However, the audits were not always effective because the provider did not always follow up on issues they identified or did not address them quickly enough. They did not identify or address the problems we found with medicines management and infection control.

People's care and treatment was effective, because it was based on evidence-based assessments of their need and delivered in part by qualified mental health professionals. Staff were well trained and supported to ensure they had the knowledge and skills they needed. People were able to access the healthcare services they needed and received support to cook nutritious, balanced meals. People received care within a suitably adapted environment that met their needs.

People only received care and treatment they consented to. They planned their care in partnership with staff and received support to make choices about their care and daily routines. Staff got to know people well and developed good relationships with them, recognising their strengths and helping them feel valued. The service promoted people's privacy, dignity and independence.

Care plans were personalised and took into account people's personal and medical history, preferences and goals. Each person had a named member of staff to check their care was meeting their needs and help them plan for their future. Staff were receiving training so they would be able to provide end of life care if anyone who used the service became seriously ill.

People were able to make complaints if they wanted to and the manager responded promptly to any concerns. The manager listened to people's feedback and used it to create a quality improvement plan. People and staff felt the manager was approachable and open.

There was a culture of equality within the service. People and staff were involved in running the service. Staff were clear about what their duties were and the manager was well supported by senior managers.

Rating at last inspection: The last rating for this service was requires improvement (published 25 September 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Lilias Gillies House

## 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:

This inspection was carried out 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. In this case, the expert by experience was a person who had used mental health services.

#### Service and service type:

Lilias Gillies House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, but there was a manager in post who was in the process of applying to be a registered manager. 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.

#### What we did:

Before the inspection, we looked at the information we held about this service. This included previous inspection reports and notifications the provider had sent to us about significant events that happen within 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 the inspection, we looked at four people's care records and four staff files. We spoke with three people who used the service, two members of staff, the service manager and a senior manager. We looked at other records such as audits and incident records.

# 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 Requires Improvement. At this inspection this key question has remained Requires Improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- The service did not have reliable processes to check medicines stock levels and ensure people were receiving their medicines as prescribed. For some medicines, no stock numbers were recorded at all so we were unable to check that the balance was correct. One person's medicine records had the stock balance written on a detachable note that could fall off and be lost. Where we were able to check stock levels of medicines, the number of doses in stock did not always correspond with what records showed they should be.
- The service did not always take appropriate action when people refused or failed to take their medicines. A doctor was reviewing one person's medicines for this reason during our inspection. However, another person had missed 12 doses of one of their medicines in 15 days and there was no evidence of any action taken in response. Staff told us the person was often asleep when they were due to take their medicine. The person told us they sometimes missed their medicines because staff were in meetings and not available to support them. The service had not discussed with the person and their doctor how their prescription could be adjusted to suit their daily routine. Managers told us they would normally contact doctors if people failed to take half or more of their medicines, but this approach did not take into account the fact that the number of doses a person can safely miss would vary between people and would depend on the medicine.
- Daily records showed temperatures in the medicines storage area regularly approached or exceeded 25°C. Storing medicines above this temperature can reduce their effectiveness or make them unsafe to use.
- The provider audited each person's medicines every two weeks. The audits showed a number of medicines had gone missing or were unaccounted for in the last three months, including a total of 29 missing tablets found by one audit in February 2019. There was no evidence of action taken to investigate this. The audits also identified that staff were not recording clearly when people took medicines out of the service to use while they were out, meaning staff were unable to confirm whether the number of doses held by the service was correct, but there was no action plan to address this.

### Preventing and controlling infection

- Parts of the premises were not clean. We found crumbs and food stains on kitchen surfaces and in cupboards, cobwebs on door frames and dirt on walls and chairs. The service manager told us they were currently working on improving cleanliness and had been carrying out regular checks to ensure people's bedrooms were clean and did not pose an infection risk. People also discussed kitchen cleanliness at their community meeting during our inspection. However, at the time of our inspection there were not adequate systems in place to ensure the home was in a clean and hygienic condition.
- Although staff stored food hygienically and supported people to follow procedures to prevent cross-contamination when cooking, we were concerned that one person was recently supported to cook a meal

for others after they had vomited earlier that day. The service did not have a policy on sickness and cooking that applied to people who used the service, and because people regularly cooked for one another this meant people may have been at risk of acquiring food-borne infections.

The above issues placed people at risk of harm from unsafe management of medicines and from infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider responded appropriately to allegations of abuse.
- People were protected from abuse, because the provider made sure people and staff were aware of their safeguarding policy and reporting procedure. People signed agreements to show they understood bullying and abuse was not tolerated at the service. People told us, "I feel safe and I can come and go as I please" and, "I feel safe and have a lot of freedom."

Assessing risk, safety monitoring and management

- At our previous comprehensive inspection in April 2018 we found the service was not always safe. Windows were not always restricted in line with health and safety guidance, and the service did not have an environmental risk management plan for risks such as those arising from people using kitchen equipment.
- At this inspection we found there were regular checks to ensure the environment was safe. This included kitchen safety checks. Windows were restricted in line with guidance and appropriate professionals visited to carry out regular checks of gas, water and electrical safety. Staff carried out regular fire safety checks and fire drills.
- Staff were aware of people's individual risk management plans. These looked at people's history, current presentation and any other factors that might make risks higher, such as stress or alcohol use.

Staffing and recruitment

- There were enough staff to care for people safely. The provider had recently introduced new shift patterns based on people's needs, which staff told us were working well.
- The provider checked staff were suitable before employing them. This included carrying out checks such as criminal record checks and obtaining references from previous employers. Staff confirmed that they were not allowed to work unsupervised until the checks were complete.

Learning lessons when things go wrong

- Staff recorded any accidents and incidents people were involved in. They then reviewed these at the regular meetings the multidisciplinary care team held to discuss each person's care. This helped to identify any trends and patterns that might indicate the need for changes to a person's risk management plan.
- The provider kept records of accidents and incidents, which they were able to monitor at a higher level and identify any safety issues that needed to be addressed.



# 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 Good. At this inspection this key question has remained Good. 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 using standardised tools, which looked at different aspects of people's mental health and recovery support needs. These were used to create recovery plans.
- The service employed qualified mental health practitioners, who were part of a multidisciplinary team that met with each person regularly to look at their progress and reassess their needs.
- The service used a number of evidence-based outcome tools to measure the effectiveness of the care and support they provided and to monitor people's progress with their mental health recovery over time.

Staff support: induction, training, skills and experience

- Staff had access to a well-equipped training room on site as well as regular training at the provider's office. Staff told us they were happy with the training they received and that it covered the knowledge they needed to support people with specific needs, such as personality disorders and self-harm.
- People received care from staff who were well supported. Staff had regular one-to-one and group supervision meetings where they could discuss any issues relating to their work. New staff had an induction that prepared them to do their jobs effectively.

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

- People were supported to plan their own menus, so they could cook and eat the food they enjoyed. Menu plans showed a good variety of nutritious meals with alternative choices to meet people's individual needs.

Adapting service, design, decoration to meet people's needs

- There was a variety of spaces for people to engage in various activities. This included therapy rooms equipped for different types of therapies, meeting rooms, comfortable places to sit and socialise and a spacious dining room. There was enough room in the kitchen to enable people to share cooking tasks with staff support.
- Some of the décor was in need of refreshing, but the service manager told us they had already started addressing this and showed us some freshly decorated rooms.
- People's own artwork was on display throughout the service, which made the premises feel homely and helped encourage people to feel proud of their accomplishments.

Supporting people to live healthier lives, access healthcare services and support

- The service offered a variety of therapies to treat mental illness and promote wellbeing. A psychotherapist who worked at the service offered one-to-one sessions and group therapy. People also had access to creative therapies such as music and art therapy.

- People were able to see medical professionals when they needed to.
- Some people attended a workshop the provider held at their head office to help people maintain awareness of how to look after their own health and wellbeing.

#### 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.

- Managers told us the service would not normally admit people who did not have capacity to consent to their care and treatment, because the way the service was set up meant people needed to be free to come and go. Because of this, nobody using the service was subject to DoLS and people all had capacity to consent to their care at the time of the inspection.
- The provider obtained people's consent before providing care to them. This was done via consent forms and verbally. People confirmed this was the case.

# 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 Good. At this inspection this key question has remained Good. 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

- The service recognised the individual contributions people were able to make to the service and helped them feel valued as a result. For example, people and staff told us one person was particularly good at cooking. This person cooked for other people at the service several times a week.
- Staff encouraged people to talk about their feelings and ask for the support they needed. We observed staff speaking to people in a respectful and supportive manner. One person told us, "I trust the staff. We have a good relationship."

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

- People were highly involved in making plans for activities, changes to the service and their own care. The service had a weekly community meeting led by people who used the service. At the meeting, people discussed how they were feeling and made decisions about what they wanted to do that week.
- People had regular meetings with a named member of staff to talk about any changes they wanted to make to their individual care plans.
- There was information displayed in communal areas about the service, how to access additional support and about upcoming events. However, the information was not always clear or easy to find because notice boards were cluttered and some of the text was small.

Respecting and promoting people's privacy, dignity and independence

- The manager told us the purpose of the service was to help enable people to build confidence and improve their independent living skills. This was reflected in our observations and people also told us the service promoted their independence.
- Staff understood the importance of promoting privacy and dignity. They told us they would never go into people's bedrooms without their consent, gave them space when they needed it and explained what they were doing when providing care to people.

# 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 Good. At this inspection this key question has remained Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had person-centred recovery plans that outlined their care needs. These were detailed and included information about people's presenting problems and history, and people's own views about these. It was clear from care records that staff created recovery plans in partnership with people. If people and staff disagreed about the care they needed, they sought a compromise that would meet people's needs without undermining their wishes.
- The service supported people to identify and work towards their goals. However, it was not always clear from care records whether staff followed up on things they said they would do to help people with this. Staff explained this was because people would often change their minds about wanting to do things, but because they did not record this clearly it was not always apparent whether people were receiving the support they asked for. Staff told us they would ensure in future that this was clear.
- Each person had a keyworker who was responsible for making sure their needs were met. People had regular meetings with their keyworkers to discuss their care and support and their progress towards recovery and independence.
- People chose a daily activity to do together. Activities were varied and included arts and crafts, games, baking and trips out. There was activity equipment such as board games available for people to occupy themselves should they wish to do so. One person said, "I like the activities here and staff are very nice." However, they also told us they had nothing to do for the rest of the day and said, "We need more activities during the daytime, not just at 3pm."
- We observed that people did not have much interaction with staff and some people told us they spent much of the day in their bedrooms because staff were not available to engage them. Although we were satisfied there were enough staff to ensure people's safety, this meant people may have been at risk of social isolation and boredom. The service manager told us it was sometimes difficult to persuade people to engage with interests or relationships outside of the service. They explained they were currently trying to encourage this more so people could remain active in their local community and prepare for living more independently.

We recommend the provider also consider ways of encouraging people to access more activities within the service and to maintain their hobbies and interests.

Improving care quality in response to complaints or concerns

- People knew how to complain and said they would be comfortable doing so. The service had not received any formal complaints since our last inspection. However, records showed the service manager responded promptly to an informal concern raised the day before our inspection and was in the process of carrying out an investigation into how the problem arose.

#### End of life care and support

- At the time of our inspection the service did not provide end of life care. The provider had started working with a local hospice to train staff in providing this type of care so that people who became seriously ill would be able to remain at the service at the end of their lives and receive appropriate care.

# 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 Requires Improvement. At this inspection this key question has remained Requires Improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- At our last comprehensive inspection in April 2018 we found the provider did not have a robust governance system. There was no system to monitor the quality of care records, medicines, staff training and several aspects of health and safety. We followed this up in September 2018 and found the provider had introduced a suitable system that allowed them to do this.
- At this inspection, we found there were regular audits of infection control, care records, kitchen safety and medicines. However, these did not identify all of the issues we found with regard to cleanliness, food safety and medicines management.
- When the audits identified problems or areas for improvement, there was some inconsistency around whether these were addressed within a suitable timescale. In some cases, there was evidence that the provider took action to make improvements. However, some issues were being picked up by consecutive audits as the provider had failed to address them quickly. In some cases, there was no clear action plan or date for completion.
- Managers from the provider's other services carried out peer audits to check the quality of care. The most recent audit in December 2018 had found similar issues with a lack of clear action plans from audits and checks. Audits were therefore not always effective in driving improvements.

This was a breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The provider carried out regular audits of people's care records to check they were complete, up to date and that information such as emergency contact details was present in people's files. If the audit found any gaps there were action plans showing completion dates for the actions.
- The manager had clear plans for improving the service and was able to demonstrate some improvements they had already made during the month they had been in post.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff told us there was a culture of equality and challenging discrimination within the service. One member of staff said, "There's no 'us and them.' Staff and service users are equals." The manager monitored the culture of the service via observations and community meetings. They told us how people and staff supported a person who used the service when another person kept asking them questions that may have made them feel uncomfortable.

- People knew who the manager was and fed back positively about him. One person said, "I'd give him 99%."
- Staff attended a weekly reflective practice group that gave them the opportunity to talk about their experiences and improve the quality of the work they did.
- Staff described the new manager as enthusiastic, approachable and responsive. They said the manager was open and treated everyone fairly, and that communication among the staff team was good.

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

- Because the service manager was relatively new in post, they received additional support from the provider. This included a senior manager working at the service for one day a week. The service manager told us about some changes they had made since coming into post as part of their plans to improve the service. This included the improved use of technology to make paperwork more organised and make it easier for staff to share information reliably.
- Lines of accountability were clear. Senior staff took the lead for each shift and the service's psychotherapist took on a deputy role when the manager was absent. Staff used handovers to allocate tasks for each shift and ensure everything was done. Some staff also had lead roles for areas such as infection control and food budgeting.

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

- Weekly community meetings gave people the opportunity to express their views and be involved in decisions about how the service was run. Minutes from the meetings were on display so people could see what was discussed if they missed meetings.
- People were involved in staff recruitment, including sitting on interview panels, and had a say in who was employed to care for them.
- People who used the service for respite care had opportunities to complete a questionnaire about their experience. People who completed these felt the service was supportive and their stays were beneficial to them.
- The provider's improvement plan for the service was based on people's feedback about what they wanted.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe management of medicines or do all that was reasonably possible to prevent, detect and control the spread of infections. Regulation 12 (1)(2)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the quality and safety of the service were not operated effectively. Regulation 17 (1)(2)(a)