Lilicares Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The inspection took place on 12 September 2018 and was announced.

Lilicares Limited is a domiciliary care agency. It provides personal care to adults who want to remain independent in their own home in the community. The people who use this service are older adults. Two people use this service, however only one person receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of this service as the service was registered with CQC on the 14 September 2017. The service was inspected but not rated. The service was only providing a limited amount of a regulated activity to one person and did not employ any staff. We were unable to gather sufficient evidence to support a robust judgement and provide a rating for the service.

There was a registered manager at the service who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Needs were assessed before the person joined the service to ensure that the service was able to provide them with the care they required. This included information on religious and cultural needs. The service had policies in place to ensure that people's rights were protected and people were protected from discrimination.

Care plans were up to date and accurately reflected the person's needs. The registered manager knew the person well and care plans were updated on an ongoing basis. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and was aware of the person's decisions and respected their choices.

Risks to the person had been assessed and there was a plan in place to minimise these risks. There were no staff at the service. Care was provided by the registered manager who was able to meet the person's needs and cover the care calls provided by the service.

The registered manager had the skills and knowledge they needed to support people. There were recruitment systems in place, however there were no staff at the service other that the registered manager.

The person was protected from abuse and the risk of harm. There were safeguarding policies in place and the registered manager knew how to identify and report concerns. There was an up to date infection control policy in place and personal protective equipment were available where needed.

The person was treated with respect and kindness. Privacy was respected and they were supported in a dignified way. The person was supported to maintain and increase their independence where appropriate.

There was an up to date complaints policy in place which was shared with the person who used the service.

The registered manager understood their role and responsibilities. There were policies and procedures to ensure that peoples medicines were managed safely, however the service was not supporting anyone with their medicine.

The provider had a system in place to ensure that the service could be audited to identify where improvements were needed and actions were taken. This included a system for completing spot checks on future staff to monitor performance and competency assessments for medicine administration and manual handling.

The registered manager attended network events to share learning and best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

There was not sufficient evidence to rate.

Risks to the person were assessed and there was guidance for to mitigate risk.

Care calls were covered. Recruitment procedures were in place, however there were no staff at the service.

There were systems to protect people from the risk of abuse.

Personal protective equipment was available to protect people from the risk of infection.

There was a process in place to ensure that appropriate actions were taken when things went wrong.

Is the service effective?

Inspected but not rated

There was not sufficient evidence to rate.

Needs had been assessed before the person received support from the service.

The registered manager had the skills, knowledge and training the needed to support people.

The person was provided with the appropriate support to meet their cultural dietary preferences.

The registered manager understood the principles of the Mental Capacity Act (2005).

Is the service caring?

Inspected but not rated

There was not sufficient evidence to rate.

The registered manager was kind and caring.

The person was involved in decisions about their own care.

The person was assisted to maintain their dignity and privacy.

The person was supported to maintain their independence.

Is the service responsive?

Inspected but not rated

There was not sufficient evidence to rate.

Care plans were personalised and contained information on the person's preferences.

There was a complaints policy in place and the person knew how to complain if they chose to do so.

Is the service well-led?

Inspected but not rated

There was not sufficient evidence to rate.

There was a system in place to undertake checks and audits. However, the service had not been audited.

The registered manager was aware of their roles and responsibilities and how to report notifiable incidents to CQC.

The registered manager had a clear vision for the service.

The registered manager attended networking events to share learning and understand best practice.

Lilicares Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the service is small and the registered manager is often out of the office and provides care. We needed to be sure that they would be in.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection.

During the inspection, we looked at one person's support plans and risk assessments. We viewed a range of policies and procedures. We spoke with the registered manager who was also the provider. We also spoke to one person who use the service by telephone.

Inspected but not rated

Is the service safe?

Our findings

The person using the service told us that they felt that the service was safe.

The registered manager was able to explain what the possible signs of abuse were, such as bruises and a change in behaviour. They were aware that they needed to report concerns to the local authority and CQC. There was a safeguarding policy and procedure in place which included information about the local authority, relevant local contact details and how to report safeguarding concerns. There had been no safeguarding concerns since the service was registered.

Individual risks to the person's health and wellbeing had been identified there was the guidance needed to mitigate risks. Care plans contained risk assessments including risks relating to mobility, personal care and medicine. There was information on how to support the person to remain safe within their own home, for example, assisting the person to keep areas of their home environment uncluttered to reduce the risk of falls.

Care plans included information on risks from the environment to the person and those providing their care. For example, there was information on parking and the lighting outside of the person's home to protect staff during dark winter evenings and information on the hazards to consider when accessing the property.

There were no staff at the service apart from the registered manager who was also the provider. The service was delivered by the registered manager. We asked the registered manager what provision there was to provide cover if they were sick or on holiday. The registered manager told us that the person receiving the service was flexible about when they received support and that the call could be re-arranged. The person told us that they were happy with this arrangement and had family support if they needed anything urgently.

The registered manager told us that they were planning to recruit staff in the near future and there were appropriate recruitment policies, systems and procedures in place to do so. These included a checklist to ensure that references were received and other relevant checks on the person and a full employment history were obtained. The registered manager had a Disclosure and Barring Service (DBS) check when they registered the service with CQC to ensure that they were safe to deliver services. A DBS check helps to identify people who are unsuitable to work with adults in vulnerable settings.

The service had not supported anyone with their medicines. There were up to date policies and procedures in place. This included a risk assessment for medicines should people need support in the future and procedures for undertaking competency assessments should the service have staff administering medicines in the future.

There was an up to date infection control policy in place and the registered manager had access to personal protective equipment (PPE) to use where appropriate.

There had been no incidents or accidents at the service. There were policies and systems in place to ensure that incidents were recorded actioned and analysed if they occurred. Incident forms were available in care plans and included space to record what actions had been taken to ensure the incident did not re-occur and how the person's care plan was updated as a result of the incident.

Inspected but not rated

Is the service effective?

Our findings

The registered manager visited people in their own home before they started to use the service to make sure that the service could provide the care and support that the person needed. There was an assessment process in place. The assessment included information on mobility, personal care needs and health. There was information in the care plan to identify how the person was supported to maintain their current level of mobility. There was also information on what support the person required with their religious and cultural needs. This information was used to develop the person's care plan and risk assessments.

There were no staff at the service. The registered manager had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing competency based skills training designed to ensure that carers had the skills and knowledge they needed to deliver care for people.

No one using the service needed support to maintain their hydration or ensure that they had access to food. No one needed support to eat safely. However, the service was providing support to one person to enable them to meet their cultural dietary preferences. The registered manager supported the person to make their preferred meals under the direction of the person and at their request.

No one using the service needed support to access health care services or manage their appointments.

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.

No one using the service needed support to make decisions of choices however, the registered manager understood the principles of the MCA and was aware of the importance of respecting people's decisions. The registered manager told us, "People with capacity can make choices and it is their home and they can do what they like". There was an up to date positive risk taking policy in place which was shared with the person who used the service through the service user guide. This policy aims to ensure that people are supported safely to continue to take everyday risks like those taken by other ordinary citizens.

Inspected but not rated

Is the service caring?

Our findings

The person we spoke with told us, "The registered manager is very kind, they do their best". They told us that the registered manager was kind, respected their privacy and respected their home when they visited and helped them maintain their dignity. The person told us that the registered manager asked permission before they undertook care tasks and talked to them about what they were doing before they did it.

Records were kept confidential and were stored at the main office in a locked cabinet. There was a confidentially policy in place and the registered manager understood the principles confidentiality and keeping people's information safe.

There was information in the care plan to ensure that the person was supported to maintain their independence. There was information on what the person could do for themselves and where the needed support. For example, there was detailed information on how one person liked to be supported to bathe and what areas they were able to wash themselves. The person told us, "I ask if I need help. If I need help they help me to do things I can't do".

There was information in the person's care plans about communication needs. However, no one at the service needed support to communicate.
The provider had developed a service user guide which was given to people when they began to receive support. This document aimed to provide them with the information they would need about the service and their rights. Information included; what the service values were, people's rights, information on the services policies to protect people from discrimination, information on the service's confidentiality policy, contact numbers and how to make a complaint.

The service was working according to the Accessible Information Standards (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English, using clear large print format which could be increased, if needed. The registered manager told us that they would use these documents to discuss and explain information to people if they were unable to read them for themselves.

Inspected but not rated

Is the service responsive?

Our findings

The person told us that they were happy with the care they received, they said, "I think they are one of the best."

Care was personalised and centred around the person and their likes and preferences. There was information on the person's life history, what was important to them and how they liked to be supported. There was information on the person's religious, cultural and social needs. There was further detailed guidance to describe what assistance may be needed and when or how they would know if assistance was needed. There was information about what was a good day for the person and what would make a day bad. There was also information about the person's goals and what support they needed to achieve these. No one using the service needed support to achieve their goals.

There was information in the care plan about the person's social needs and how these are met. The service was not providing anyone with support to access the community, but they had the information they needed should they be required to do so, such as what events the person liked to attend and what was important to them.

Care plans were reviewed on an ongoing basis. There was a system in place to ensure that, as the service grew and there were staff in place, care plans would be reviewed annually and when needs changed. The person who used the service told us that they were involved in developing their own care plans.

There was an up to date complaints policy and procedure in place. The service had not received any complaints. There was information about how to complain detailed in the service user guide that was issued to people when they started receiving a service. This gave people or their relatives the information they needed to be able to make a complaint if they wished to. The person told us they knew how to make a complaint if they needed to but had no cause to do so.

The service was not supporting anyone at the end of their life.

Inspected but not rated

Is the service well-led?

Our findings

There was a registered manager at the service who was also the provider.

The service was well-led by a kind and passionate registered manager that had worked in care provision for a long time in both residential and domiciliary care settings. The registered manager had recently completed the level 5 diploma in care leadership & management for health and social care. They were also undertaking a Skills for Care registered manager's course. They attended regular meetings for registered managers to share learning and best practice.

The registered manager had a clear vision for the service which focused on providing high quality, compassionate care that was centred around the person. This vision was shared with the person who used the service through the service user's guide.

There were up to date policies and procedures in place. These included policies on recruitment, fair access and equality and diversity, complaints, incidents and accidents, infection control, safeguarding, confidentiality and health and safety.

There were systems in place for undertaking checks and audits of the service if the service grows and recruits staff. This included undertaking audits of care plans, risk assessments and recruitment records. There was also a system in place for undertaking spot checks of staff for medicine administration, manual handling and competency observations. This included ensuring that any future staff were delivering care as detailed in the care plan and seeking feedback from people on the quality of care provided.

The registered manager was able to demonstrate that they understood their role and the responsibilities. The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. However, at the time of the inspection there had been no notifiable events at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the home can be informed of our judgments. As this was Lilicares' first inspection following registration, they understood their responsibility in displaying their rating once it has been made. However, at this inspection the service was inspected but not rated.