Lillyfields Care Ltd

Lillyfields Care

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

Summary of findings

Overall summary

About the service
Lillyfields Care is a domiciliary care service, it was providing personal care to 18 people at the time of the inspection. The service provides care to younger and older adults who may have a physical disability, sensory impairment, mental health diagnosis or be living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives provided positive feedback about all aspects of the care provided. They told us, "I would recommend the service to others. They just know what they are doing."

People were protected from the risk of abuse. Staff assessed potential risks with people and supported them to remain safe. People received their medicines safely. There were enough suitable staff to ensure people received a consistent and reliable service. Processes were in place to manage risks arising from the COVID-19 pandemic.

The provision of people's care reflected best practice guidance. Staff were well supported in their role. Staff supported people to eat and drink enough of their preferred foods and drinks. Staff worked effectively with professionals to ensure people's healthcare needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff treated them with kindness, respect and compassion and that staff showed a genuine interest in them and their welfare. Staff supported people to express their views and to be actively involved in making decisions about their care. People's privacy, dignity and independence were respected and promoted.

People received personalised care that was planned with them and responsive to their needs. Processes were in place to enable people to raise any issues and anything raised was responded to positively. People were appropriately supported at the end of their life.

The registered manager created and promoted a positive culture which was person centred and focused on achieving good outcomes for people. There was a clear governance framework and any risks to the service were understood and well managed. Processes were in place to seek people's views and to assess and improve the quality of the service provided.

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

This service was registered with us on 19 August 2019 and this is the first inspection.

Why we inspected
This was a planned inspection.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Lillyfields Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider who is also the registered manager would be in the office to support the inspection.

Inspection activity started on 11 May 2021 and ended on 17 May 2021. We visited the office location on 11 May 2021.

What we did before the inspection
We reviewed information we had received about the service. 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 the inspection
We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with three members of staff including the provider who was also the registered manager, the care support manager for the location and the business development manager.

We reviewed a range of records. These included four people's care records and medication 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 continued to seek clarification from the provider to validate evidence found. We received feedback on the service from a further six staff. We looked at training data and quality assurance records. We spoke with one professional who worked with the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us both they and their property were safe in the care of staff. A person told us, "The service and the carers are wonderful. I feel very safe being looked after. I don't worry about the carers being in my home as I trust them all, my belongings are all safe."
- Staff had received safeguarding training and could access appropriate guidance. They understood their role and responsibility in relation to safeguarding people. One staff member said their role was to, "Protect someone at all times and to look out for key signs of abuse and changes in behaviour."
- Processes were in place to protect people from avoidable harm, for example, there was a record to document any financial transactions for people and a body map to document any skin damage staff observed. Polices were in place to protect people from the risk of discrimination.
- The registered manager and the location's care support manager, who ran the service day to day, understood what to report and how. Senior staff also had access to relevant safeguarding information for their role.

Assessing risk, safety monitoring and management

- The provider had a proactive approach to anticipating and managing risks. People were satisfied with all aspects of their safety. A person told us, "They [staff] are aware I am at risk of falling so they look after me closely in the bathroom."
- Staff completed a comprehensive, person centred risk assessment with people. It encompassed all aspects of the person's health, welfare and environment, and whether they could manage the identified risks independently or required staff support. Staff told us, "The risk assessment is very comprehensive and helps us to highlight any risks we need to be aware of to give good care." A health care professional told us staff were very good at monitoring any potential risks to people and shared any concerns appropriately.
- Where risks to people had been identified, there were measures in place to manage them, including written guidance and instructions for staff. People were provided with an on-call number for emergencies. Records were maintained of when people's equipment in their homes had been serviced and maintained.
- Staff had completed relevant training in areas such as moving and handling, health and safety and first aid awareness. Staff told us they received practical moving and handling training and guidance on the use of equipment in people's homes. Staff's adherence to safety processes and guidance was monitored through spot checks on their practice.

Staffing and recruitment

- There were sufficient staff employed, who were rostered to the same 'geographical zones,' to ensure people received a consistent and reliable service. A relative said, "Staff only change when someone is ill or goes on holiday." The provider monitored staffing weekly, to identify and respond to any increase in staffing

requirements.
● People told us visits were not late or cut short. A relative told us, "We are sent a rota so we know who is visiting and at what time each day." Staff used an electronic care planning system to plan people's care and there was sufficient travel time allowed between people's care calls.
● The provider had policies and processes in place to ensure staff's suitability for their role. Their staff pre-employment recruitment checks included a Disclosure and Barring Service (DBS) check and other required checks upon staff's suitability for their role.

Using medicines safely
● People received their medicines as prescribed from staff who had completed training and had their competency assessed. Staff had access to up to date medicines guidance.
● People's individual medicines, dosage, route of administration and specific instructions for their administration were documented on their medicines schedule. We saw people's medicines administration records (MARs) had been completed by staff, without gaps. Any medicines not administered, and the reasons why, were documented. The MARs were checked for completeness on a monthly basis, when they were returned to the office.
● A person had purchased over the counter topical creams, which staff administered. These were recorded on their schedule; staff then documented the application of 'creams' in their daily notes. Staff are required to keep a clear record of all support provided for each medicine. We raised this with the registered manager who took immediate action to address this.
● The registered manager informed us, they were planning to introduce an electronic system to manage the administration of all medicines.

Preventing and controlling infection
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was accessing testing for staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of their office.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Staff understood their responsibility to raise any concerns and to report any incidents. Processes were in place to enable staff to report any incidents and for their review by senior staff. Processes were in place to inform and alert staff to any changes in people's care.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 assessments of their needs were comprehensive, person centred and identified their expected outcomes. The provider understood the human rights principles of fairness, respect, equality, dignity and autonomy (FREDA) and ensured they were embedded in the way people's care was planned with them and delivered. A relative told us, "They know my [family member] well and how to meet his needs. They never talk down to him and they treat him as an individual in his own right."

● The provider's policies were kept under review and regularly audited and updated to reflect the latest NICE guidance. There were specific policies and guidance for staff in relation to the management of conditions such as diabetes, to ensure effective outcomes for people. The providers COVID-19 business continuity plan reflected best practice guidance and was regularly reviewed and updated as guidance had changed. The provision of people's care reflected best practice guidance.

Staff support: induction, training, skills and experience

● Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles effectively. The face to face induction programme for health care assistants had been modified and online training provided during the COVID-19 pandemic. The provider had purchased a mannequin to support staff with practical, moving and handling training during the pandemic.

● New staff were supported through an induction programme which was tailored to meet the needs of their specific role. New staff were 'buddied up' with more experienced staff in the field, whilst they completed the requirements of the Care Certificate. The Care Certificate is the industry standard for inducting staff new to care. A relative told us, "The staff are trained well. I have seen unexperienced carers shadowing a more experienced carer when they are new to the job." Staff also received regular spot checks of their work and supervisions as part of their 12-week probationary period and ongoing support.

● Following staff's induction training, they completed any additional training required to meet the needs of the people they cared for. Staff at all levels were encouraged through supervisions and appraisals to undertake a professional qualification in social care. Five staff were completing their level three diplomas.

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

● Staff involved people in decisions about what they wished to eat and drink. A relative told us, "They [staff] always ask her what she would like to eat, though she can't remember what is in the kitchen, so they give her a list of things to choose from."

● People's care plans documented their food and drink preferences for different meals and any practical assistance they required with eating or drinking. Staff ensured people had access to food and drink between their care calls. A relative told us, "[Person] is a fussy eater and so they have said to me they will cook him

what he wants as it is better for him to eat something rather than nothing. When they give him his meal, they lay the table properly."
● People's risks related to eating and drinking had been assessed and managed. Staff completed food and fluid charts for people assessed as at risk of malnutrition or dehydration.

Staff working with other agencies to provide consistent, effective, timely care
● Staff liaised with a variety of health and social care professionals for people as required, such as dieticians, speech and language therapists, GP surgeries and hospitals. A relative told us, "The carers have worked with the doctor's surgery and with me to make sure he gets the right medication."
● People had a 'transfer form' for use in the event of admission to hospital. It could be used to communicate essential information about their care to health care professionals. A relative told us, "A carer called an ambulance out to [person]. She gave the paramedics all the information and stayed until the ambulance left, which was above and beyond what she had to do."
● Where people had a Do Not Attempt Cardiopulmonary Resuscitation (DNAR) in place, this was documented to ensure health care professionals could be informed.

Supporting people to live healthier lives, access healthcare services and support
● People's records documented any health conditions and their impact for the person. Staff monitored people's health and well-being and took action as required. A health care professional confirmed staff monitored people and shared any concerns.
● People experienced positive outcomes regarding their health. A relative told us, "[Person] wasn't good. The carer went to the doctor's surgery, picked up some sample pots, managed to get a sample and send it back to the doctors. [Person] got the medication she needed. They [staff] were very on the ball."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● Staff ensured people were involved in decisions about their care so that their legal and human rights were upheld. People signed their consent to the arrangements for the provision of their care.
● No-one currently receiving care lacked the capacity to consent to the care provided. Staff had received training and had access to relevant guidance and so understood how to apply the MCA if a person was assessed to lack capacity to make a specific decision about their care.

Good

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a person-centred culture. Staff were motivated to provide people with kind and compassionate care. One relative told us they were visiting their loved one who became visibly upset when they had to leave. They said, "The carer comforted her, she was brilliant with her. I get the sense that the carers are fond of her." Another person said, "I can't fault the carers, they are brilliant and I mean that. I am very lucky to have such good care. The carers know me well and they ask me about my family. If I go for an appointment, they never fail to ask me how I got on."
- The provider recruited staff from a variety of ages and backgrounds. This enabled them to appropriately match staff with people wherever possible. A relative said, "It took them [staff] a while to get to know [person] and for him to get to know them, but now they all have a good relationship, laughing and joking together."
- Staff understood people's needs, wishes and choices. A relative told us, "Any new person going to care for [person] has to read the plan before they support [person]. All the carers know [person's] likes and dislikes."
- Staff received training in relation to equality and human rights and had access to relevant guidance. The provider had audited their policies and the care assessment paperwork to ensure they identified and captured information about people's protected characteristics as defined by the Equality Act 2010. This information was used to ensure people were not discriminated against during the provision of their care. A relative of a person whose first language was not English told us, "It is really good that they [staff] try to communicate with [person] by using Google to make translations."

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

- People's records noted their significant relationships and advocates involved in their care whom they might want to support them with decision making. People and their relatives said they were listened to and kept informed at all times. A relative said, "They [staff] respect her wishes. They do everything she needs, but they do let her make her own decisions."
- Staff had enough time to spend with people during their care calls, in order to provide compassionate care. A relative said, "She is very lonely and her mental health suffers, so the carers chat with her."
- Staff were skilled at exploring and addressing any tensions which arose. A relative told us how an issue had arisen for their loved one and how staff had sensitively tried different approaches with the person, so as not to upset them.
- People were provided with relevant information to enable them to make decisions about their care in the client handbook and statement of purpose.

Respecting and promoting people's privacy, dignity and independence

- The promotion of people's privacy and dignity, was embedded in the provider's statement of purpose and

client guide. Staff completed training on the principles of people's care and confidentiality and had access to relevant guidance.

● Staff treated people with dignity and respect at all times. A relative told us, "The carers are very respectful. They ensure [person's] dignity is protected as they close the door when they wash her." People's care plans noted where they wanted each aspect of their care to be provided.

● Staff supported people to exercise control and to retain their independence whenever possible. A relative told us, "[Person] needs help in the evening cooking a hot meal so they [staff] support her as she cooks." The care support manager confirmed, "The staff talk with our clients, to find out what they feel they can achieve and want to achieve on their own as far as their care is concerned, and then gently encouraged to do it themselves, only stepping in to assist when it is apparent that they require assistance."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives told us they had been involved in developing the care plans. A person said, "The care plan is in the house. I have been fully involved in developing the plan."

● People's care plans were monitored by staff and reviews of their care were either scheduled or held responsively following changes to their needs. A relative said, "At times I felt [person] didn't have enough time with carers to meet his needs, so they [staff] contacted Social Services and more time was given." Staff were responsive to changes in people's needs.

● People's age, ethnicity, religion, language, identified gender, disability, sensory loss, personal history, interests and family support were noted. This enabled staff to identify with the person any related needs or specific requirements for their care. For example, one person's care plan noted their needs related to the transport used to support them.

● People's choices and preferences about how they wanted their care provided were clearly documented. Such as their required frequency of aspects of their personal care and what products they wanted to use.

● Staff had completed relevant training in the provision of personalised care and dementia care. Staff reported they had a good understanding of people's care needs. One staff member said, "I have spent time, since starting, to build a good knowledge and understanding of the clients I look after" and another told us, "I read the folder which helps to do the right thing for clients."

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 provider understood their legal responsibilities and identified and recorded both the information and communication needs of people with either a disability or sensory loss. They were able to provide information for people if required in alternative formats such as braille and audio.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Staff identified with people at their assessment whether they required any social support or shopping. Staff supported people with tasks such as shopping and companionship visits to reduce social isolation. A relative told us, "A carer has started taking [person] out for 45-60 minutes once a week, which she enjoys."

● People's records documented their family and social links. This enabled staff to be aware of those people

at potential risk of social isolation.

Improving care quality in response to complaints or concerns

● People were provided with details of how to raise a complaint in the provider's client guide, which was supplied to people at the start of their care package. The complaints policy detailed the provider's process for responding and investigating any complaints received and the timeframe. Staff understood their responsibility to escalate any complaints people made to them during the provision of their care.

● The provider had not received any formal complaints. People and their relatives told us when they had raised small issues, they felt they had been listened to and the issue addressed satisfactorily.

End of life care and support

● People's relatives told us their loved ones' end of life wishes had been discussed, where relevant. Staff felt supported to provide end of life care and were supported through relevant policies and could access training in this area as required.

● The provider's end of life policy set out their commitment to people who wished to receive end of life care in their own home. Staff had a good relationship with relevant services to support them with the provision of end of life care, such as the district nurses. People were appropriately supported at the end of their life.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives told us the service was well managed. Feedback included, "The quality of care is very good and the manager is approachable and supportive" and "They do a very good job."
- The provider had clear person-centred service objectives, based on the promotion of people's dignity, their right to self-determination and choices, which aimed to maximise their capabilities and independence. Staff achieved good outcomes for people.
- Staff learnt about the purpose of the service during their induction. Feedback from people demonstrated staff understood and delivered the provider's values. A relative said, "The carers are wonderful; I can't fault them."
- There was a positive, open, inclusive and empowering culture. The provider had a good understanding of equality, diversity and human rights. They recruited staff of different ages and backgrounds and processes were in place to monitor the diversity of staff recruited.
- Staff told us they felt supported in their role. A staff member said, "I am thoroughly enjoying working for this company, I feel very supported and comfortable in my role and I'm glad I joined." There was a strong focus on supporting staff with their professional development and the provision of opportunities to progress their career within the service. A staff member told us, "I have had an opportunity to grow within the company and work towards qualifications."

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 their legal duties in relation to the duty of candour. Relatives told us staff kept them informed of any issues in relation to their loved ones' care.

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

- There was clear and effective governance and management of the service. The registered manager who was also the provider, was the registered manager for all of their three registered locations. The location was run day to day by a newly promoted care support manager, who was just completing their level three qualification. The registered manager had a well-developed head office team, who supported them and the care support manager with all aspects of the service and governance.
- There were robust systems in place to identify and manage any risks to the quality of the service people received. For example, the registered manager had taken swift action when the pandemic initially emerged,

to ensure the required resources, training, policies, procedures and contingency plans were in place to ensure continuity of service and safety for people.
● Staff understood their role and responsibilities within the organisation and appropriate support for their role was provided. For example, the new care support manager was being supported by the business development manager who had been running the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's views about their care were sought, starting at the assessment process and through their reviews and quality checks. A person told us, "Review meetings are held annually and they call me regularly to get feedback and see if I am happy with care."
● People told us they felt able to express their views and these were listened to and acted upon. Staff were supported with their development and were encouraged to express their views. A staff member said, "I would be able to make suggestions or raise any issue I had."

Continuous learning and improving care
● There were quality assurance processes in place and outlined in the provider's quality assurance policy. There were processes to audit people's records, including their paper based and electronic care plans, daily records and medicine records. Processes were in place to monitor ongoing staff recruitment requirements and staff training compliance and supervision. Regular checks were made upon staff's performance, from their induction through to their appraisals.
● There was a focus on identifying potential areas of the service for improvement and ensuring the best use of technology in the provision of people's care. For example, through the planned transfer to electronic MARs for people.
● The registered manager told us how the learning gained by the business development manager about setting up a new service and learning from the care support manager's induction programme, which was based on best practice guidance, would be shared across the service.

Working in partnership with others
● The service worked openly with all relevant external stakeholders and agencies to support the provision of people's care. A health care professional told us how well staff communicated with them and how due to the feedback provided by staff, they had been able to address an issue for a person.
● The registered manager attended the local clinical commissioning group weekly meetings to keep up to date with the latest COVID-19 guidance which was shared with staff.