

The Grange Care Centre (Cheltenham) Limited

Lilleybrook Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lilleybrook Care Home is a care home providing accommodation to persons who require nursing or personal care, for up to 60 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 57 people using the service. People are accommodated in 1 adapted building, which has been divided into 3 households or 'units'.

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

People and their relatives told us Lilleybrook Care Home was safe and staff responded to their needs safely. There were enough staff deployed to meet people's needs. The management changed staffing levels depending on the occupancy of the home and people's needs. Staff told us they had the skills, time and support they needed to meet people's needs.

At the time of our inspection the provider was carrying out remedial fire safety works identified through a fire risk assessment. Immediately after the inspection work was carried out to ensure people were protected from risk.

People's needs and choices had been assessed. Staff understood people's individual risks and the support they required to maintain their health and wellbeing.

Incidents and accidents were reviewed to reduce the risk of reoccurrence. The management reviewed where accidents and incidents had occurred to identify and make improvements to the care they provided people. Staff were supported to reflect on incidents, complaints, and medicine errors to enable them to make improvements.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance. People's visitors could visit in accordance with current guidance.

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

People and their relatives told us there had not always been a wide range of activities, however more activities and support was now being provided. The manager and provider were aware of this concern and had recruited activity co-ordinators to start providing group and 1 to 1 activities.

The manager and provider operated effective systems to monitor the quality of care they provided to people living at Lilleybrook Care Home. There was a clear service improvement plan for the home based on the manager and provider's audits and knowledge of the service.

People, their relatives and staff spoke positively about the new management of the service and the improvements they had noticed. Staff told us they felt supported by the management team and felt they had the communication and guidance they needed.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 25 January 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included information of concern about people's risk and the risk of choking. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lilleybrook Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Lilleybrook Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and 2 Experts by Experience carried out the inspection. 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

Lilleybrook Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

There wasn't a registered manager in post. A new manager had been recruited in February 2023 and they planned to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in March 2023 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 people who lived at Lilleybrook Care Home and with 9 people's relative about their experience of the care and support provided by the service.

We spoke with 15 staff including the manager, the clinical lead, 2 nurses, 1 unit leader, 6 care staff, 1 chef, 1 maintenance worker, 1 housekeeper. and 1 activity co-ordinator. We also spoke with 2 representatives of the provider. We also spoke with 1 healthcare professional who visited the service.

We reviewed a range of records. This included 8 people's care records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We reviewed 4 staff recruitment and personnel files.

We continued to seek clarification from the management team to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed and known by care and nursing staff. One person was assessed as being at high risk of falls. Staff were aware of the risk and took effective action to ensure the person remained safe. Where necessary the service sought the guidance of healthcare professionals.
- Where people required textured diets or thickened fluids, clear guidance was in place for staff to follow. We observed staff supporting people in line with their assessed dietary needs. Staff were able to discuss the individual support people required.
- Staff understood people's individual care risks and were able to discuss the support they required. Staff were confident in discussing how they supported people with their wellbeing and knew how to support and reassure them if they became anxious. Where people could become distressed, there were clear support plans in place which provided staff with the guidance on the support they required, including triggers which made people anxious.
- People were protected from the risk of their environment. The management had a refurbishment plan in place for Lilleybrook Care Home. During the inspection, some fire doors were identified not to close following a fire alarm test. The provider ensured immediate action was taken to maintain people's safety.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. Comments included: "Yes, they are totally safe. I go in on my visits at different times of the day and I have no worries at all about safety" and "Yes I certainly believe they are safe."
- The manager and management team were visible and regularly worked alongside staff which made it easier for any concerns to be identified or reported. The management team had started relative meetings to enable people to share any concerns.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour. Comments included "Any concerns, I know I can discuss them and they're sorted" and "I feel confident that I can raise any concerns to the manager, it will be managed."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The management team reflected on incidents and accidents to make improvements to people's care. Following a choking episode in the home, the service had carried out a full review of people's choking risks and reviewed information they had from healthcare professionals to ensure people were appropriately assessed.
- Staff were supported to reflect on the care they provided people and to learn from any concerns or mistakes. This was carried out through meetings and supervision. One member of staff told us, "Everyone is supportive. Things are discussed and we're able suggest ideas."

Using medicines safely

- People's medicines were stored safely, and they received their medicines as prescribed.
- Some people were prescribed medicines that were to be administered 'as required' when they could be anxious, distressed or were in pain. Protocols contained clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of their prescribed medicines.
- Where necessary, people were supported with homely remedies. These were over the counter medicines, such as pain relief that people could use if required. The home had sought approval from people's GP and had clear guidance to follow when using these medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. Staffing levels were based on the occupancy of the home. Where required the home used consistent and familiar agency staff to maintain safe staffing levels. The manager and staff spoke positively about recruitment and the reduction in agency at Lilleybrook Care Home and the impact this had on people's care.
- People and their relatives told us staffing had improved prior to this inspection. Comments included: "It is better now than it was" and "I feel better now that they seem to have more carers."
- Staff told us there were enough staff and they had the time they needed to provide people's care. Comments included; "Staffing has definitely improved. We have less agency and sickness now" and "The

staffing is right. It is manageable."

- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection people had not always received timely and personalised care which met their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made regarding people's personal care and the service was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where appropriate, people had been supported to plan and manage their care needs. For example, 1 person had been involved in documenting the support they required and how they wished for their care to be provided.
- Care and nursing staff used recognised tools alongside their knowledge of people to ensure they received care which was responsive to their changing needs. Staff kept a record of where people were unwell or their needs changed and sought appropriate guidance from healthcare professionals.
- Care and nursing staff understood people's personal choices. One person had their preferences recorded regarding how staff should support them when they are anxious. There was clear guidance for staff to follow to support the person. Staff kept a record of how they supported the person and when they had refused support.
- People were supported with day-to-day choices and decisions. This included where they wanted to spend their time, what they wanted to wear and what food and drink they wished to enjoy. Staff spoke positively about supporting people to spend their days as they wished.
- Where people were living with dementia and could be anxious or resistive to care, staff had clear information on how to support them, keep them safe and maintain their wellbeing. One relative told us, "I think the [care staff] here do a very good job - my mum has her ups and downs but [care staff] really know her well."

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

- People and their relatives told us that there had been limited activities prior to our inspection, they had discussed this with the management and were aware actions were being undertaken to improve this. One person told us, "There are some activities, but they are limited, maybe a few singsongs but I am okay at the moment."
- The provider and manager had recruited an activity co-ordinator and another was being recruited at the time of our inspection. They had a plan in place to continue to promote and develop solo and group

activities.

- Group activities were arranged, and external entertainers visited, such as Mindsong (who come to sing with people living in care homes). There were clear plans to increase activities and support care staff to engage people with activities.
- The new activity co-ordinator discussed how they were providing activities for people living with dementia, which included reminiscence, pet therapy and sensory activities.
- When admitting people to Lilleybrook Care Home, staff identified the people and things that were important to them. For 1 person, staff knew this person's football team and talked to them about their matches. The person responded positively when asked if they enjoyed talking to staff about football.
- People were supported to maintain their personal relationships. This included keeping in touch with family during the pandemic. Relatives discussed communication had been a problem at Lilleybrook, however felt this had improved since the new manager had been recruited. One relative told us, "I feel communication has improved. The staff are so good, I can't fault them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.
- Where people were not able to communicate verbally, staff had clear guidance on how to assist people to communicate their needs. This included observing people's body language and facial expressions to support them express their wishes.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. Comments included: "If I ever had any problems, I would go to the office" and "I would talk to the manager if I had any concerns."
- The management acted on complaints and concerns in a timely manner. We reviewed the manager and providers response to recent concerns. They took action to respond to the concerns and taken on board wider learning.
- The manager used concerns and feedback to inform staff practice and identify any additional needs. Following 1 concern, while the manager was content with the action taken, they had identified that improvements could be made in recording people's end of life care preferences and how they supported relatives at this time.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Where relevant, anticipatory medicines had been prescribed by health professionals.
- Staff spoke positively about end of life care and how they ensured people received the care and support that was important to them, including being visited by their loved ones. One person was being supported with end of life care. Nursing staff were working with professionals to ensure the person was comfortable and free from pain.
- Staff were supporting people to document their preferences around end of life care. People had been

supported to document the music they would like to be played, important items and the people they would like to be involved.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not operated effective systems to identify concerns and drive improvements. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and the provider had effective systems to monitor and improve the quality of service people received and the service was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and management team undertook a range of quality assurance audits to ensure a good standard of service was maintained. We saw audit activity which included medicines, infection control, incidents and accidents and health and safety. Any shortfalls or concerns were documented in a service improvement plan which was monitored by representatives of the provider.
- The home's service improvement plan was reviewed by the management and representatives of the provider. When actions had been completed these had been signed off by a representative of the provider to ensure the action taken was appropriate.
- When required, the management and provider took effective action to address concerns or shortfalls. The provider discussed action they were taking following internal quality assurance audits. This included meeting with staff and implementing specific action plans.
- Scheduled audits evidenced where improvements had been made and where further action was required. Following audit processes, the manager had met with the home's supplying pharmacy to identify improvements that could be made to ensure people receive their medicines as prescribed.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives views were being sought. Since starting in post the manager had met with relatives and was open to seeking people and relatives views. Comments include: "[Manager] is lovely. They are trying their best. They were the deputy, so we have a bit of consistency now. They know people and the

staff" and "Yes, we had the first [meeting] since COVID last month, mostly for the manager to introduce herself as the manager- she made lots of notes."

- The management team and provider had identified some changes were required following feedback from relatives. This included discussions and actions around the home environment, including refurbishment of the kitchenettes and upkeep of the homes garden.
- Staff felt supported to express their views and felt the provider and management team listened. They spoke positively about improvements in the home and the support they received from the manager and provider. Comments included: "Here is a good place to work. The new manager is really good, there is definitely a better structure" and "The manager is very supportive. They support and challenge us."
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. Where professionals had been involved in people's care there was a clear record of their guidance and support recorded. One healthcare professional spoke positively about the responsiveness of the service and how they followed their guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were starting to benefit from a positive culture in the home. Staff demonstrated a strong desire to achieve good outcomes for people. People's relatives spoke positively about the service. Comments included: "[Manager] was formerly Lead Nurse- she's turned the corner and managed to improve it, she has jumped on what needed doing- there are clearly a lot of smiles in the place now" and "[Manager] is strong person and I think she will do a good job."
- The manager and representatives of the provider were open and transparent throughout our inspection and were clearly committed to providing good quality care. Staff, people and the relatives all knew who the manager was and told us that the manager was often walking around the home.
- Staff told us they felt supported by the management and provider. One member of staff told us, "things are definitely calmer now, I feel it's improving and we're able to provide people the care they need."

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 manager and provider understood requirements in relation to duty of candour and had an open and honest approach. The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- During the inspection, some concerns were identified with fire doors. The provider provided immediate reassurance to mitigate any risks and ensured that work was carried out immediately.
- Concerns and complaints were actively listened to and acted upon efficiently. The management shared learning from complaints with the staff to continually develop the service. Following 1 concern, discussions staff were given clear direction and guidance on the placement of call bells for each person and ensuring these were constantly available.