

CareXL Ltd

Lillibet Court

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

This unannounced comprehensive inspection was carried out on 08 August 2018. This is the first inspection of the service since it was registered under this provider in August 2017.

Lillibet Court provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Lillibet Court receives 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. At the time of the inspection, the service was supporting 25 people. However, 16 people received 'personal care'.

Some of the people who did not receive 'personal care' had complex mental health needs. We told the commissioners of the service that we did not inspect the service these people received. This was because they had the responsibility to monitor the care that these people received.

There was a registered manager in post. 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.

The provider had systems to assess and monitor the quality of the service. However, they needed to do more to ensure that the needs of people who did not receive a regulated activity were met safely. People and staff we spoke with were happy with the quality of the service.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or harm. There were safe staff recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person-centred way. The provider had an effective system to handle complaints and concerns. People were supported to pursue their hobbies and interests. People had contributed to their end of life care plans.

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.

There were systems in place to protect people from potential abuse and harm.

There were safe recruitment procedures and there was enough staff to support people safely.

People's medicines were being managed safely.

Is the service effective?

Good ●

The service was effective.

Assessments of people's care needs meant that their care was tailored to meet their individual needs.

Staff received regular training, supervision and support to enable them to meet people's individual needs.

People were supported to have enough to eat and drink to maintain their health and wellbeing.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care. They were supported by responsive and attentive staff.

People were supported to pursue their hobbies and interests.

The provider had a system to manage people's complaints and concerns.

People had been able to contribute to their end of life care plans.

Is the service well-led?

The provider had systems in place to assess and monitor the quality of the service.

People and staff were enabled to share their experiences of the service by the way of regular meetings and surveys.

The service worked closely with other stakeholders to ensure that they provided the care people required and expected.

Good ●

Lillibet Court

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 checked 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 unannounced comprehensive inspection took place on 08 August 2018.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us. We received feedback about the service from the local authority.

During the inspection, we spoke with six people using the service, two staff and the registered manager. We also spoke with the nominated individual, who was at the service during the morning of the inspection.

We looked at care records for five people to review how their care was planned and managed. We looked at three staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.

Is the service safe?

Our findings

People told us they were safe. One person told us, "I feel safe here and I can lock my door if I needed to." Another person said, "It's definitely a safe place here. I have never been worried about anything."

We saw that staff had been trained and they had guidance on how to keep people safe. Staff we spoke with showed good knowledge of local reporting procedures, including external organisations they could report concerns too. Information about safeguarding was displayed so that anyone who wanted to raise a concern knew what to do. One member of staff told us, "Tenants are safe here. I would speak to the manager about it if I saw that someone was at risk. I have never seen abuse or bullying here." Another member of staff said, "Tenants are safe and they would come to staff if anything is bothering them. Safety is utmost priority here." Records showed that the registered manager had appropriately reported potential safeguarding incidents to ensure that where required, action was taken to protect people from harm.

People had detailed risk assessments in place to ensure that potential risks to their health and wellbeing were managed well. This information ensured that people and staff knew how to mitigate these risks, without restricting people's independence. Areas such as people's mobility, nutritional needs, skin integrity, support needs while out on trips, and specific health conditions had been risk assessed. One person said, "Some of us can't go out on our own anymore. We need staff to make sure we are safe." We saw that the risk assessments were reviewed regularly. This showed that appropriate action had been taken to ensure that people were supported safely and enabled to live full lives.

Records showed that there were safe staff recruitment procedures in place. The provider carried out pre-employment checks before staff started working at the service. These included checking each potential staff's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There was sufficient numbers of staff to support people safely. People confirmed that there was always enough staff to meet their care and support needs. One person said, "I always get the support I need and I'm sure others do too, so there must be enough staff." Another person said, "I've always felt there is enough of them." Rotas showed that there was always enough staff planned to support people and this was confirmed by staff we spoke with. This included one member of staff who said, "There is enough staff here, we've not had many issues with that."

People's medicines were managed safely, and they told us they were happy with how staff supported them with this. One person said, "Staff give me my tablets and I am happy with that." Another person told us that they managed their own medicines as they did not need support with this at present.

There were systems in place for ordering, administration, recording, storing, auditing, and returning unrequired medicines to the pharmacy. We found these were being followed by staff as we did not identify any issues with how people's medicines were managed. The medicines administration records (MAR) we

reviewed had been completed accurately with no unexplained gaps. There was evidence that these were audited regularly so that any errors could be identified and rectified quickly.

Staff completed regular health and safety checks of people's flats and communal areas to ensure that they lived in a safe environment. There were environmental risk assessments to assess and mitigate any hazards that could put people and staff at risk of harm. People told us they were supported to clean their flats, and we saw that the communal areas of the service were clean. We saw that when required, staff wore gloves and aprons to minimise potential cross infection so that they protected people from risks of acquired infections. There was effective infection prevention guidance for staff to follow to reduce the spread of infections.

We saw that the registered manager reviewed accidents and incidents that occurred at the service. There was evidence of learning when things went wrong and systems were put in place to prevent further incidents and subsequently, protect people from harm.

Is the service effective?

Our findings

People had assessments of their support needs carried out prior to them using the service. We saw that people had personalised care plans that considered their needs, choices, views and preferences. People's assessed needs included those in relation to their personal care, nutrition, activities, and to address specific health conditions. People told us their care needs were being met by staff. There was evidence that people received good care and the service worked closely with other professionals to achieve effective care outcomes.

We saw that the provider had a mandatory training programme that all staff completed. Additional training was also provided when required to meet people's individual needs. Staff told us that they were happy with the quality of the training they had completed so far. One member of staff said, "I've done all mandatory training and other necessary training. I'm just waiting to do mental health training." Another member of staff told us that they had received enough training to enable them to support people effectively.

Staff told us they felt supported in their day to day work, and they received regular supervision. One member of staff said, "I feel well supported by the manager and other staff. Everything is nice and I'm happy here."

People told us that their care needs were met by the service and that staff provided good care. One person said, "I need support with my personal care and they do that well." Another person told us, "Staff help me with most things, but I can do a bit for myself too. I'm happy with everything."

People told us they were supported well to eat and drink enough to maintain their health and wellbeing. They also told us they enjoyed the food provided by the service. Some people told us that they also prepared some of their food in their own kitchenettes. People had been involved in planning the menus and they told us that the food was varied and nutritious. One person said, "I will have something else if I don't like what is on the menu." Another person said, "I get enough food here. I eat the lunch provided by the cook and I make my own sandwiches for tea."

Where required, the service supported people to access healthcare support from various health professionals. People told us that staff supported them to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants. One person told us, "I sometimes have hospital appointments and they help me with that." Another person said, "We can see doctors if we need to."

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. Applications for people who live in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and found these were met. Records showed that appropriate action had been taken to assess whether people had mental capacity to make decisions about all aspects of their support. We found most people had mental capacity to make decisions about their care and staff respected this. Staff told us that they always asked for people's consent before providing support.

Is the service caring?

Our findings

People told us that staff were caring and friendly. One person told us, "The staff are marvellous, especially [registered manager]. They are all so kind to us." Another person said, "Everyone is fantastic. When I moved here, they made me feel welcome. If it wasn't for [registered manager], I don't know where I would be. She said yes and I came here. I'm very happy and I can't find fault with the staff."

People told us that they got on very well with the other people using the service, as well as with staff. We observed that three people spent time together during the inspection and they told us they had formed close friendships and that they enjoyed spending time together. They were happy for us to speak with them together and they were pleased to tell us about their happy lives at the service. One of them said, "We live well with the other tenants too. Any problems, we go to the staff." Another person said, "I really enjoy living here, I wouldn't be anywhere else."

We observed that staff chatted with people in a friendly and respectful manner. Staff told us that they always had enough time to spend socialising with everyone and they enjoyed this. One member of staff told us, "I love it here. The staff and tenants are like a family and we work well together." They also said, "Everyone is so different and brings something different to the group. We go with the flow and see what works well for everyone."

People told us they were supported to make decisions and choices about how they wanted to be supported by staff. One person told us, "I am capable of making my own decisions and choices all the time, and staff respect this. No one has ever done anything I had not agreed to." Another person said, "I choose how I want to live my life and I'm sure if I needed help to make a decision about something, staff will help me." Staff we spoke with also said that the service always promoted people's choices and people could say if they were not happy with anything.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity. We observed that staff were always respectful in the way they interacted with people and asked them if they needed support. One person said, "I have my privacy and staff know when I don't want to be disturbed."

Staff told us how they encouraged people to maintain their independence as much as possible, and would only provide support when it was necessary. Most people were independent in carrying out their daily living tasks. Other people needed prompting and support to carry out certain tasks. One person said, "I can do a lot for myself and I only needed a bit of support with my care. Staff are always helpful when I need them." Staff told us that they always encouraged people to do as much as possible for themselves to maintain their independence. Where required, they also supported people to learn new skills.

Is the service responsive?

Our findings

People told us their needs were met by the service in a person-centred way. Some of the people told us about their care plans and that these reflected their care needs. We saw that care plans were reviewed regularly and updated when people's needs changed. This was to ensure that the care plans were up to date and reflected people's current needs.

People told us that staff supported them quickly when they required support. People told us that they hardly used the call bells in their flats as they could get to staff if they needed support with them. A person whose health condition meant that they spent most of their time resting in their flat said, "If I need anything, they are up here like a shot. They never take long to support me."

People told us that staff supported them to pursue their hobbies and interests. People told us they went out often, some independently and others supported by staff. Some people played football in the garden on Thursday afternoons. Others told us of a planned barbecue they were looking forward to. A fish and chips night was also planned for the following week and people told us that this was very popular with everyone. An external person facilitated an art session during the inspection and people were proud to show us the art they had produced that day. They also showed us some of the art they had produced during previous sessions and they invited us to the art exhibition they planned at the end of the month. One person also said, "If we didn't have [registered manager], we wouldn't be doing all the different things that we like, we do love Art." Others agreed. Another person said, "We go for meals out and trips." They also told us about a pleasant trip they had to a wildlife park.

People's concerns were handled effectively. People told us they were happy with their care and they had no reason to complain. One person who told us they had previously complained said that this had been handled well. We saw that appropriate action had been taken to investigate complaints received by the service.

People had end of life care plans that mainly detailed their funeral plans. The registered manager told us that they would continue to work with people to record more information in these so that staff knew how people wanted to be supported at the end of their lives.

Is the service well-led?

Our findings

We found the service supported a number of people who did not receive the regulated activity of 'personal care'. Most of these people had complex mental health needs that the manager told us they were able to meet. We did not inspect the care provided to these people. We shared information that these people's care was outside our regulatory responsibilities with the commissioners of the service, who had the responsibility to monitor the care that these people received. We discussed with the manager the need to review if everyone was appropriately placed at the service. This was because we found the other supported living service owned by the provider supported people with very complex mental health needs and that their care was not always safe.

We also discussed with the registered manager to ensure that they only notified us of incidents involving people who received regulated activity. We will also discuss this with the local authorities we work with, as they are responsible for investigating any potential safeguarding incidents.

The registered manager was supported by an assistant manager in their day to day leadership of the service. They now only managed this service as they were in the process of deregistering from managing the provider's other supported living service. The provider's nominated individual was also available to provide support and guidance to the registered manager.

Staff told us that the registered manager was approachable and always available to provide support if they needed this. One member of staff said, "[Registered manager] is a really good listener and staff can talk to her any time. It's nice to feel comfortable with a manager we can talk to." Staff also said that the registered manager promoted good teamwork so that they worked well together to provide good care to people they supported.

Staff told us that they felt listened to and their views were valued. They also said that they were comfortable making suggestions about ways to develop the service and their views were considered. We saw that staff had regular meetings where they discussed issues relevant to their roles. One member of staff told us, "I'm quite vocal at team meetings and I feel that my views and suggestions are taken seriously. Things have changed in a positive way because of staff and tenants' suggestions and the manager listens."

The provider gave people opportunities to give feedback about their experiences of the service. There were regular meetings with people using the service to gain their views about a range of issues that were important to them. Areas discussed during these included: food, activities, and care plan reviews. One person who attended the meetings the regularly told us, "It's nice to point out our views and [registered manager] does listen." Others also confirmed that they found the meetings productive.

There was a quarterly newsletter that showcased people's achievements, activities they had taken part in, plans for future activities, and what was available in the local area for them to take part in. People told us that they found the newsletter useful. The service also carried out bi-annual surveys and the report of the most recent one showed that people were happy with the quality of the support they received.

The provider had systems in place to regularly assess and monitor the quality of the service. The registered manager and other senior staff carried out a range of audits to ensure that they provided safe, effective, and good quality care. We saw that the registered manager acted quickly to resolve any shortfalls identified during the audits or as a result of feedback from people and staff. For example, a member of staff told us that food menus had changed for the better to ensure that there was more choice and nutritious food provided for people. They said that more activities were now being provided. They further said, "Tenants are happy about that. As long as they are happy, I am happy too."

The service worked closely with other stakeholders such as people's allocated social workers, care coordinators and the local authority to ensure that people's needs were met. The registered manager appropriately reported relevant issues to the local authority. The service had also received compliments including from some people using the service. This showed that overall, people received the support that they required and expected.