

Lillibet Healthcare Limited

Lillibet Lodge

Inspection report

6 Rothsay Road
Bedford
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Lillibet Lodge is a residential care home, providing care and support to older people living with a variety of health conditions. Most people were living with dementia. At the time of the inspection, 24 people were living at the service.

People's experience of using this service:

People, relatives and staff said people's needs were met by the service. Further improvements had been made to the provider's quality monitoring processes since our previous inspection. This ensured people now received safe and effective care. However, improvements were required to ensure respectful language was always used to describe people's needs. More work was necessary so that people were always supported to take part in activities that were meaningful to them.

People were protected from harm by staff who were confident in recognising and reporting concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported well to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

Further training had ensured staff had the right skills and knowledge to meet people's needs effectively. Staff had the information they required to meet people's assessed needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required. This helped people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Staff supported people in a way that respected and promoted their privacy and dignity. They encouraged people to be as independent as possible.

People were happy with how staff supported them to meet their individual needs. They said this had been done in a compassionate and person-centred way. Complaints were managed well and there was learning from these to reduce the risk of recurrence. The service provided good end of life care when required. Further work was necessary to ensure people's end of life care wishes were included in their care plans.

Rating at last inspection:

The last rating for this service was Requires Improvement (published 08 June 2018).

Why we inspected:

This was a planned inspection based on the previous rating.

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.

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

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lillibet Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

Service and service type

Lillibet Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information shared with us by the local authority and that sent to us by the provider. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

Most people were living with dementia and they were not able to tell us about their experiences of living at the service. We observed how staff interacted with people in communal areas of the service. We spoke with four people, two relatives, three staff, and the registered manager.

We reviewed a range of records. This included care and medicines records for three people. We looked at records of accidents and incidents; compliments and complaints; audits; surveys. We also looked at two staff files to check the provider's staff recruitment, training and supervision processes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further information about how staff supported people to take part in activities they enjoyed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now improved to 'good'. The provider had improved their staff recruitment processes, medicines were now managed safely, and the service was clean. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I trust the staff here and they make me feel safe. I have never heard anything untoward here."
- Staff knew how to keep people safe. They knew they need to report concerns to the registered manager and other relevant agencies such as the local authority and CQC.
- Records showed the registered manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured quick action could be taken to safeguard people.

Assessing risk, safety monitoring and management

- People's individual risk assessments guided staff on how to safely manage risks to people's health and wellbeing. These were reviewed regularly to ensure this information was always up to date.
- People and staff told us risks were managed well at the service. One person said, "My mobility is no longer good and I feel the environment is safe enough."
- Staff completed a range of health and safety checks of the service to identify and minimise any hazards that could put people, staff and visitors at risk of harm. Where issues were identified, these were corrected quickly.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service. The provider now followed robust staff recruitment processes to achieve this. Staff told us of a range of checks the provider completed before they started working at the service.
- There were enough staff to support people safely. People told us they had no concerns about staffing and they were always supported quickly when they needed this. One person said, "If I use my call bell, they are usually quite quick."
- Staff said there was always enough of them on each shift. One staff member said, "We have enough staff to make sure all residents are looked after really well. We supported by seniors if there are problems."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. The provider had improved how staff recorded when topical creams had been used during personal care. Staff involved in handling medicines had received training and their competence was regularly checked.
- People told us they were supported well with their medicines. One person said, "My medicines are given to

me on time. They (staff) don't let you miss it."

- People said medicines they took as and when required (PRN) were always given quickly when they needed it. One person said, "If I ask for something for pain, I never have to wait long. I must say, they are good like that."

Preventing and controlling infection

- The service was clean and more had been done to prevent unpleasant odours. This was because the carpets were now cleaned more regularly. The provider was also considering replacing carpets with flooring that could be easily cleaned.
- People told us the service was pleasant to live in and one relative said it was 'homely'. Staff had been trained in infection prevention and control and they knew how to minimise the spread of infections.
- Staff told us they were provided with enough personal protective equipment (PPE), such as disposable gloves and aprons. Where required, they used these when supporting people to ensure they protected everyone against acquired infections.

Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service.
- Staff told us the registered manager encouraged them to report any incidents quickly so that appropriate action could be taken to deal with these in a timely way.
- Records showed the registered manager reviewed incidents and they put appropriate measures to reduce the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now improved to 'good'. The provider had improved staff training and the quality of the food provided to people. 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; Adapting service, design, decoration to meet people's needs

- People's care was planned and managed in line with good practice guidance. People told us staff supported them well to meet their care needs. One person said, "The staff are very supportive if you need help with anything, they do their best."
- People's care plans detailed their needs, choices and preferences so that these would be met by staff. The provider had introduced a new electronic care planning system that meant updates could be made quickly.
- People said staff respected their individuality and they provided support in a way that promoted good outcomes for them. None of the people we spoke with had ever been concerned about discriminatory practices by staff.
- Where required, adaptations had been made to the service to ensure people were safe. Equipment had been provided when required for staff to provide safe and effective care or to enable people to be more independent.

Staff support: induction, training, skills and experience

- People said staff had the right skills to support them effectively. One person said, "I can honestly say these girls are brilliant. It's a hard job what they do, but they have always got a smile on their faces."
- Staff said they had been trained well to provide good care. We saw improvements had been made to the quality of staff training. In addition, staff completed quizzes around various subjects to test their knowledge. Further training was provided when required. One staff member said, "Training is fine. You are always learning, it doesn't matter how long you have done this job."
- Staff told us, and records showed they received regular supervision. One staff member said, "I get supervision regularly. You get feedback and a chance to say what you think. Managers are supportive, and you can always go to them if you need help."

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

- People told us there was always enough food and drinks. One person did not like some of the food, but most people and relatives said the food was good. One person said, "The food is okay, and I have nothing against it. I love the porridge and toast in the mornings. The cook comes around, usually to ask what we would like. There is always plenty to drink, the girls (staff) regularly ask us to keep drinking."
- People who needed support to eat were supported first which meant others had to wait for their food. We

observed some people were becoming impatient and leaving the dining room. We discussed this with the registered manager who said they had always done it this way, but they were open to suggestions to improve this. They later reported that a trial, to serve people who did not need support first was successful. They would be doing so from now on.

- Records showed people ate and drank enough to maintain healthy weight. The service worked well with professionals where there were concerns that people were not eating or drinking enough.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff always supported them to access health services such as GPs, chiropodist, dietitians, opticians, and community nurses. A chiropodist who visited during the inspection was able to attend to 16 people. One person said "They call a doctor if you need one and district nurses come to see to my legs. I had my eyes tested last week."
- Where required, staff supported people to make and attend appointments with various health professionals. They worked closely with everyone to make sure people received effective care. One relative told us, "They include relatives in care and keep them informed if there are issues. Staff went with [person] went to hospital."

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- Some people had variable mental capacity and they were not always able to make decisions about all aspects of their care and support. Where this was the case, the registered manager had consulted people's relatives, professionals or independent advocates to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest. Best interest decisions had been made for the four people who shared bedrooms.
- Staff asked people for their consent before they provided care and support, and people confirmed this. This protected people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same. 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

- People told us they were supported by staff who were kind and caring. One person said, "They are really nice girls (staff) that look after us. They help people who can't do it for themselves to eat, how nice is that? They are very kind to us."
- People and relatives told us staff were always friendly and they chatted freely with everyone. We observed friendly and respectful interactions between people and staff. Everyone seemed happy and comfortable. One person said, "We have a laugh and a joke while they help me to wash."
- People said their diverse needs were met by staff who were always respectful. They said staff respected people's individuality and they provided care in the most appropriate way for each person. One person said, "I got upset over something once, and the way the staff member spoke to me was very soothing. When I said I was sorry if I had kept her, she said that was what she was here for, to support me, and she gave me a big hug." We observed staff supported a person who was distressed to relax.

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

- People told us staff supported them to make decisions and choices about their care. They said they chose how they wanted to be supported with all aspects of their care. One person said, "They are respectful, and they will ask me if it's okay to do this or that."
- Staff told us they always asked people what they wanted them to do for them, even if they had care plans to follow.
- Where required and with people's consent where possible, their relatives and other professionals were involved in helping them to make decisions about their care. One relative said, "[Registered manager] and [Senior staff] always keep us informed. I visit regularly, and I have not been concerned about anything."

Respecting and promoting people's privacy, dignity and independence

- People said staff always promoted their privacy and dignity by providing personal care in private and knocking before they entered people's bedrooms. One person said, "They will always knock on my door. They usually cover me with my big towel while they get the water ready, and then give me a good wash."
- Some people were able to carry out some of their daily living activities without staff support, but others needed full staff support. People said staff promoted their independence by letting them do as much as they could for themselves. One person said, "I wouldn't be able to manage on my own, I'm very grateful to them (staff)."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 relatives told us staff supported people in a way that met their individual needs and preferences. The service's 'Who am I' folder had brief information about each person living at the service and staff. This helped people to know more about everyone at the service.
- People's care plans were planned and updated to meet people's changing needs. We observed that staff responded quickly when people needed support, and people appeared well looked after.
- The registered manager and staff engaged positively with a person who believed they were the registered manager's assistant. The person was happy to monitor what happened at the service and write regular reports for the registered manager. This appeared to give them fulfilment because they used the skills from their previous employment.

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 were supported to form friendships and to maintain contact with their relatives and friends. A relative who told us they visited the service regularly, said they always felt welcomed. They also said the registered manager encouraged them to be involved in their relative's care as much as possible, and they appreciated that.
- There were various opportunities for people to take part in a range of themed and seasonal activities. Where possible, people were supported to go out individually or with other people they lived with.
- There was nothing particularly planned on the day of the inspection, but we saw that staff engaged with people throughout the day. One relative said, "They do their best to provide activities, but [person] does not engage. We get invited to garden parties, Christmas parties, and other special events."

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.

- Some people using the service could communicate verbally with staff. They could also read and understand information given to them by the service, including their care plans.
- The registered manager told us they would provide information in other formats if this was required to support people to understand it. For example, by providing care plans in an easy read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints, and people knew how to raise concerns. The registered manager dealt appropriately with complaints received by the service.
- People and relatives were happy with the quality of the service provided to them. They told us they had no reason to complain because issues they raised were normally dealt with quickly. One person said they had spoken with staff about their clothes going missing and this was something the service needed to continue to improve on.
- The registered manager told us they used learning from complaints to improve the service. They shared this with staff so that they did things differently to prevent further concerns.

End of life care and support

- The service supported people at the end of their lives, and the support required was included in people's care plans.
- We discussed with the registered manager the importance of having information about everyone's end of life care wishes. This would help staff to support people according to their wishes. They told us they would work with people and their relatives to add this information in everyone's care plans as soon as possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'good'. At this inspection this key question has now deteriorated to 'requires improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and staff were committed to providing high-quality and person-centred care to everyone living at the service. However, they needed to improve the language they used when talking about people's needs and health conditions. For example, on three occasions, we heard staff referring to people who needed support to eat as 'feeders'. This was not a respectful way of talking about people. The registered manager told us they would address this with their staff team as part of their continuous improvement plan.
- We discussed with the registered manager about a missed opportunity to engage people in D-Day celebrations which were happening at the time of the inspection. They acknowledged this was an unfortunate omission. They said they would do more in the future to help people celebrate events that might be of significance to them.
- However, people and relatives told us staff provided good care. Most people gave us positive feedback about the service. One person said, "I am very happy. There's everything you need, if you want it. I have just had my feet done [by a chiropodist]. The staff are very supportive if you need help with anything, they do their best."

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; Continuous learning and improving care

- The registered manager told us they had done a lot of training since our last inspection to better understand their regulatory role and responsibility. They had attended local registered managers' forums to share learning with others in the same role. They said they had benefitted greatly from this.
- The registered manager and the provider knew their responsibility to be open and honest when things go wrong. We saw evidence of learning from the findings of our previous inspection and improvements had been made.
- The registered manager appropriately reported relevant issues to CQC and the local authority that commissioned the service.

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

- The registered manager staff had clearly defined roles and responsibilities which they understood. There had been further training of staff to understand the service's regulatory requirements. This focused on

specific CQC's key lines of enquiry (KLOE). Quizzes had been used to help staff gain more understanding of this, the Mental Capacity Act and related Deprivation of Liberty Safeguards. It was evident staff knowledge had improved.

- The provider had a more improved governance system to assess all aspects of the service. The quality of records had been further enhanced by a new electronic care planning system which enabled staff to update records quickly.
- Various audits carried out by the registered manager and other senior staff ensured that risks to people's health, safety and wellbeing were effectively managed.

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

- People had opportunities to regularly give feedback about their care and support. They were asked for feedback about the food, activities and developments to the service.
- An annual survey ensured people, relatives, staff and professionals who worked closely with the service had opportunities to contribute to the development of the service. More activities were now being provided for people in response to comments made in the 2018 survey. This showed th provider was acting on feedback.
- People and staff also benefitted from regular meetings.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The local authority that commissioned the service also checked regularly that the service was providing good care. This ensured people consistently received the support they required and expected.