

Lillibet Court Limited

Lillibet Manor

Inspection report

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Date of inspection visit: 12 March 2015
Date of publication: 27/04/2015

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 

Overall summary

This inspection took place on 12 March 2015 and was unannounced.

Lillibet Manor is comprised of 34 single occupancy studio apartments within one converted building. The service provides a choice of sheltered accommodation or accommodation with personal care and support, for adults who may have a range of needs. These include mental health, learning disabilities, physical disabilities, sensory impairments and dementia.

The service is also registered to provide care and support to people in their own homes, as part of an agreed care package. However, this was not being provided at the time of this inspection.

There were 32 people using the service at the time of this inspection.

At the last inspection of Lillibet Manor on 11 September 2014, we asked the provider to make improvements to ensure care records adequately reflected people's needs

Summary of findings

and also to make systems for training and supporting staff more robust. We found during this inspection that the provider had taken positive action to address both these areas and significant improvements were noted.

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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it.

Staff had received training to carry out their roles, including support to achieve national health and social care qualifications.

Staff followed the legal processes set out in the Mental Capacity Act 2005, to protect people who were unable to make certain decisions for themselves.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care, treatment and support.

People's social needs were provided for. We saw people actively participating in and enjoying activities that had been arranged on the day of the inspection.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

People's medicines were managed so that they received them in a safe way.

Good



Is the service effective?

The service was effective

We found that people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Good



Is the service caring?

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported people them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good



Is the service well-led?

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

There were systems in place to support the service to deliver good quality care.

Good



Lillibet Manor

Detailed findings

Background to this inspection

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

The inspection was unannounced and was carried out on 12 March 2015 by two inspectors.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the service.

During the inspection we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences.

We spoke with or observed the care being provided to ten people living at the service. We also spoke with the registered manager, deputy manager, three care staff, the cook, a relative and a visiting healthcare professional.

We looked at care records for four people, as well as other records relating to the running of the service - such as staff records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said: “I get on with everyone that lives here” and another person told us: “No one is funny with me, they are all genuine.” A relative commented on the variety of people living at the service and told us they thought this really worked. They talked about their relative who was living with dementia and said they had “no concerns” about their safety and wellbeing as everyone knew each other and were accepting of each other’s differences. We observed this to be the case during our inspection.

Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. They were able to talk confidently about the various forms of abuse that could be inflicted upon people and understood their responsibility to report these. One member of staff told us: “I know what I need to report as abuse.” We saw that information had been provided to staff which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Other records also confirmed that staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols. We also saw that safety issues such as fire and safeguarding were discussed with people living at the service, to support them in understanding what keeping safe means.

The registered manager described the processes used to manage identifiable risks to individuals and generally within the service. We found that individual risks to people such as falls, weight loss, use of electrical appliances and fire had been assessed and reviewed on a regular basis, to ensure the identified risks were being properly managed. Systems were in place to review concerns raised through safeguarding, accidents and incidents to identify areas where improvements were needed; to minimise the risk of a future reoccurrence. We saw that people’s individual risk assessments had been updated to incorporate these actions and that these were being carried out.

The registered manager told us about the arrangements for ensuring the premises was managed in a way that ensured people’s safety. We saw that routine checks of the building and servicing of equipment had taken place on a regular basis. Clear systems were also in place for staff and people

living at the service to report routine maintenance issues. We noted that staff had been provided with practical information such as how to locate and turn off the water and other mains supplies, in the event of an emergency.

People told us there were sufficient numbers of staff to keep them safe and meet their needs. One person said: “There are always enough staff on duty to come and see what I want.” Another person confirmed: “There are always plenty of staff about.” This view was echoed by staff we spoke with. One member of staff said: “There are always enough staff. Sometimes if it is particularly busy and I am on days off I get a phone call to see if I can do some extra hours.” During the inspection we observed that staff were always available to people and they had their requests for support answered promptly. The registered manager told us there were no staff vacancies at the time of the inspection.

Staff rotas we saw corresponded with the number of staff on duty during the inspection and showed that other factors such as training and staff leave had been taken into account; to ensure sufficient numbers of suitable staff were on duty at all times.

Staff described the processes in place to ensure that safe recruitment practices were being followed; to ensure the safety and wellbeing of people using the service. A new member of staff told us about the recruitment process they had been through to ensure they were suitable to work with vulnerable adults. They said that they did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We confirmed this by looking at personnel records for three members of staff, which provided a clear audit trail of the recruitment processes that had been followed. We saw that appropriate checks such as employment references and criminal record checks had been undertaken prior to them working at the service; to ensure staff were of good character and safe to work with people who use the service.

Systems were in place to ensure people’s medicines were managed so that they received them safely. People living at the service told us they received their medicines on time. One person told us: “Staff give me my medicines when I need them.” Another person said: “I can ask for painkillers at any time.” Staff told us that they assisted people with their medication on a risk assessed basis, meaning that

Is the service safe?

people who were able to manage their own medication were enabled to do so. Individual risk assessments showed that each person had been assessed to determine their ability to take their own medication, and we saw that a number of people were doing this. People and their families, where appropriate, had provided written consent where assistance from staff was required.

Staff confirmed they had received training to ensure they administered medication safely. They demonstrated a good understanding about medication processes such as administration, management and storage. They also knew how and when to report a medication error. We observed medication being given as prescribed. At lunch time, this

meant that some people needed their medication before food, whilst others had their medication after their meal. We heard staff explaining to people what their medication was for and checking if they needed any pain relief. Medication administration records (MAR) were well maintained and provided clear information about medication stock levels and administration - including missed / refused doses or use of PRN (when required) medications. Separate records were being maintained for homely (non prescribed) remedies such as cough medicine. We noted that clear information had been provided to staff on the purpose of each person's medication.

Is the service effective?

Our findings

At our last inspection of Lillibet Manor on 11 September 2014, we found that people were being placed at possible risk because systems for training and supporting staff were not adequately robust. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us after the inspection that they would take steps to address this.

We found during this inspection that improvements had been made to ensure people had their needs, preferences and choices met by staff with the necessary skills and knowledge.

People told us that the staff had the right skills to support them and meet their needs. Staff also confirmed that they received relevant training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff told us about their induction which had included a period of shadowing an experienced member of staff. They said: "I would not be expected to do something I was not confident with. There is always someone to ask." They told us about some planned moving and handling training that had been delayed, but added that they were not expected to transfer people until they had completed this training.

We saw that staff had been provided with a wide range of training to support them in their roles. This included training to meet the specific and diverse needs of the people living at the service such as epilepsy, dementia, alcohol and drug dependency, Parkinson's disease, diabetes and mental health awareness. We saw that the registered manager and deputy manager checked staff competency following training, or where training had been provided by a previous employer; to ensure staff had the necessary skills and knowledge to support people living at the service.

Staff also told us they received regular supervision which provided them with support in carrying out their roles and responsibilities. The registered manager showed us a supervision matrix which demonstrated that staff were receiving supervision on a regular basis. She told us that she was also in the process of completing annual staff appraisals. Records showed that in addition to supervision

sessions, staff had attended regular group training sessions and general staff meetings, where key issues were discussed such as training, care plans, health and safety, medication and nutrition.

Staff demonstrated they had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who could not make decisions for themselves were protected. We spoke to the registered manager about the arrangements in place to support people to make their own decisions. She demonstrated a good understanding of the necessity to ensure Deprivation of Liberty Safeguards (DoLS) were in place for people who are unable to make decisions about their own treatment or care. Under DoLS arrangements, providers are required to submit applications to a 'Supervisory Body' where someone needs more care and protection than others; to ensure they don't suffer harm. We saw that relevant paperwork had been completed to establish people's mental capacity, and subsequent DoLS applications made, as required. Records detailed when capacity assessments and approved DoLS needed to be reviewed, and we saw that the impact of any decisions made had been considered with supporting care plans and risk assessments.

We spent time observing how care and support was provided to people living at the service during an activity session and lunch. Although some people did not communicate using words, we observed that they were able to demonstrate their consent clearly through other means such as actions and physical movement. People were encouraged to make their own choices and decisions, as far as possible throughout our inspection and records we looked at clearly documented when people had refused care or support that had been offered to them.

Approximately a third of people using the service prepared their own meals within their own self-contained flats on the day of the inspection. The remaining people were provided with food and drink, which was freshly prepared on site. We spoke to some of these people who told us they had enough to eat and drink and that the food they received was very good. One person said: "We have something different each day." Another person told us: "The food is excellent and I tell them so. I can always have more."

Staff talked to us about nutrition and fortifying meals for those people at risk of malnutrition. They had a good understanding of people's individual preferences and

Is the service effective?

dietary requirements, in order to meet their specific health and cultural needs. We saw that people who needed nutritional supplements were given these in the form of homemade fortified milkshakes and records showed that people's individual dietary requirements had been assessed; to identify their individual preferences and requirements.

A four weekly menu was in place, but if anyone did not like what was on offer, an additional menu in a pictorial format, provided people with a list of alternative options that they could ask for. We saw that people were shown these menus before lunch, and that alternative meals were provided as requested. During lunch, assistance where required, was provided by staff in a discreet manner. No one was rushed and people told us they had enjoyed their meals. Throughout the inspection people had fluids within easy reach, and food and drinks were provided at regular intervals. This showed that people were supported to have sufficient to eat and drink of their choosing.

People talked to us about how their day to day health care needs were met. They told us that they always saw their doctor when they needed to and one person told us: "Staff come with me to the hospital or the GP if I have an appointment." We noted that this happened for one person during the inspection.

Staff told us that they felt well supported by external healthcare professionals who they called upon when people required more specialist support. One member of staff told us: "I report any changes I note to a senior and the district nurses are told about it." We saw from records that a variety of external healthcare professionals provided support with meeting people's assessed needs, and that visits to and from health care professionals were recorded.

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person told us: “I would rather be here than go home.” Another person said: “Here is my best friend” and introduced us to a member of staff. A third person added: “I can go anywhere I want and the staff will come with me.”

Throughout the inspection we saw positive interactions between the staff and the people using the service. All of the staff we spoke with demonstrated a good understanding of the needs of the people they were supporting. The care they described was personalised and took into account people’s individual preferences and needs. One member of staff talked to us about how they supported people living with dementia and said: “It is important to involve those people living with dementia in everything we do.” We saw this happening in the way that people were given time to make their own choices about what to drink and whether or not to have a biscuit with that. Another member of staff told us: “It is a wonderful caring environment to work in; we are all like friends, residents and staff alike.” We observed that people were relaxed and happy in the presence of the staff. Staff treated people as equals and spoke to them with respect and sensitivity.

We saw staff engaging meaningfully with people. For example, they sat and knitted with them during a 'knit and natter' activity and danced with them as part of a physical exercise session. We were told that the registered manager had also supported one person to attend the funeral of someone who had previously lived at the service.

People confirmed they felt involved in making decisions about their or their relative’s care. We saw lots of evidence

of this in the form of care records, meeting minutes and formal review notes. For example, one person living at the service had not wanted their friends or family to be involved in their annual review and this had been recorded and respected. The review notes showed that staff had checked with the person that their care and support was being provided in the right way for them and asked for their views and experiences. The notes recorded that the person had described staff as ‘spot on’. We noted that care records were kept in each person’s own living space, meaning that they had full access to information being maintained about them.

People told us their privacy and dignity was respected. One person said: “If I want privacy I can go to my bedroom.” Another person told us: “Staff always ask before they do anything for me or to me.” A third person said: “I used my bedroom to talk to someone from POHWER (an independent advocacy service), so it would be private.” The registered manager confirmed people were enabled to access advocacy services where they needed more support with making choices and having control over decisions that affect their lives.

Staff promoted people’s privacy and dignity. Staff told us that they offered choices to people for example when dressing, at mealtimes and with daily routines. One member of staff told us: “I would always take a person somewhere private for personal care.” We heard staff knocking on people’s doors before they entered rooms and checking with the person if it was okay before they went in. Throughout the inspection we observed staff using discretion in the way they organised and provided care and support. We also saw that people were encouraged to be as independent as possible. Although staff were always on hand, people were enabled to manage day to day tasks themselves as far as possible.

Is the service responsive?

Our findings

At our last inspection of Lillibet Manor on 11 September 2014, we found that people were being placed at possible risk because care records did not adequately capture people's assessed needs or demonstrate how these needs should be met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us after the inspection that they would take steps to address this.

We found during this inspection that improvements had been made to ensure people receive personalised care that is responsive to their needs.

People we spoke with told us that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care. They told us they felt able to make choices and have as much control over their lives as possible. For example, some people preferred to stay within their own living space rather than socialise or eat with other people, and we saw that they were supported to do so.

People told us they had been asked for information about their needs prior to moving in. The registered manager told us they used this information to plan whether or not they were able to provide a service to a prospective user, and that they would not admit someone if they were not able to meet their needs properly. On the day of the inspection this was put into practice when senior staff went to visit one person who had been admitted to hospital. The purpose of the visit was to reassess the person's needs, to see whether the service could fully meet these upon discharge.

We also saw that people's needs were routinely assessed on a four monthly basis, to ensure the care and support being provided was still appropriate for them. A visiting professional talked to us about one person they were visiting and told us they had settled in well at the service. They added: "This home offers a variety of different facilities that suit him." Records showed that people, and or their relatives - where appropriate, were regularly asked to contribute to the assessment and planning of their or their relative's care. A relative we spoke with confirmed this and it was evident from our observations that they had a good rapport with the staff team and felt included and listened to.

People told us they received care and support in a way that suited them. For example one person told us: "Staff took me to a hospital appointment and we stopped off at the bank." We were told that this was done at the person's request. Another person added: "They help me to be as independent as possible." Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. Care records we looked at supported this as they were both personalised and made reference to people's individual views and wishes. This included clear information about people's specific needs including social history and health care needs. Separate records and charts demonstrated the care and support provided to people on a daily basis.

We observed that people were given opportunities to participate in meaningful activities and occupations. For example we saw one person helping out in the kitchen by emptying the dishwasher. They told us: "I like to be useful." People had also been given the opportunity to attend staff training sessions if they were interested and wanted to do so. We learnt that one person had already done this and more sessions were planned.

We spoke with people about their social interests and learnt that a variety of activities were provided. For example, people talked to us about trips out for lunch and a Christmas show. They also told us about themed nights in, such as a Valentines meal, a 'fry up' night and a 'fish and chips' night. Staff told us: "We provide a variety of activities and never force people to join in." The registered manager told us she was looking into organising a monthly mass service to be provided by a local church. We saw from records that ideas for activities were discussed regularly with people through tenant meetings.

Staff told us that people were encouraged to maintain relationships with friends and family and that they were also welcome to have their pets come to visit. We noted that some people living at the service had formed friendships with one another and we observed people helping each other with day to day tasks such as opening up a serviette at lunch or carrying someone's bag. One person told us: "My neighbour in the room next door looks out for me."

People told us they would feel happy making a complaint if they needed to. One person said: "I would go to a member of staff if I needed to make a complaint, but I haven't

Is the service responsive?

needed to.” Another person told us: “[I am] confident I could make a complaint if I needed to.” They told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. One person said: “I can talk to any of the staff at any time.” Staff we spoke with were clear that they would report any complaints they received to a senior member of staff immediately.

A formal complaints policy had been developed but this was supplemented by people’s ability to make complaints or raise concerns at any time in less formal ways such as a

suggestion box, meetings and questionnaires. We also found that staff spoke with people individually about how to raise any concerns they might have through review meetings. The registered manager told us that no-one had raised any concerns or made a complaint since our last inspection. She added that some people had brought minor maintenance issues to her attention which had been dealt with and recorded in the maintenance book. Records we looked at supported this and showed that people’s concerns had been listened to and responded to in a timely manner.

Is the service well-led?

Our findings

People told us there were lots of opportunities for them to be involved in contributing to the running of the service. One person told us: “This is a wonderful home; the manager makes sure of it.”

We were told about meetings that took place on a regular basis and satisfaction surveys. Another person said: “We can discuss anything at the tenants meeting.” We saw from records that senior staff also spoke with people on a one to one basis; to give them the opportunity to provide their views and experiences of the service. We saw that these meetings were recorded and included actions taken as a result of people’s feedback.

Staff confirmed there were regular opportunities for them to come together as a team or individually, to share information and to raise any concerns. Staff also told us they were aware of the service’s whistleblowing policy and felt comfortable reporting concerns to the registered manager or another senior member of staff. They were able to describe the service’s internal processes for reporting concerns, and keeping external agencies such as the local authority and the Care Quality Commission, if required, informed.

Staff were clear about their roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. For example, we saw that staff were allocated duties on each shift and the registered manager showed us an additional list that had been developed to help staff responsible for administering medication on each shift, to remember who needed assistance and when. We observed staff working cohesively together throughout the inspection. We saw that staff achievements were recognised by the registered manager through group meetings and a folder – on show to all visitors to the service, which celebrated individual successes such as completing training qualifications.

Everyone spoke positively about the management of the service. One person living at the service said: “We saw the manager and the deputy last night at the fish and chip supper.” Staff confirmed that the registered manager and deputy manager were very supportive and approachable. One member of staff said: “[The registered manager and deputy manager] are both approachable and have time for everyone.” The registered manager also had responsibility for managing another service run by the same provider a short distance from Lillibet Manor. However, we found from speaking with staff and looking at records that the registered manager was very visible and provided daily input and support to the deputy manager and staff team at this service.

The registered manager and deputy manager talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to questionnaires sent out to people using the service and relatives, we were told that a number of internal and external audits took place. Records we looked at supported this and showed areas such as cleanliness, medication, call bells, maintenance, fire safety, daily information concerning people living at the service and staff rotas were regularly audited.

Satisfaction surveys that had been completed by 16 people using the service in October 2014 provided positive feedback in terms of people’s involvement with planning their care, decisions about how the service is run, being treated with respect, knowing what to do with a complaint, how to call for help, the maintenance of the building and catering. We saw that in a small number of cases where people had not been sure about something or had raised an issue, that this had subsequently been discussed with people in a tenants meeting; which showed that people’s feedback was used to discuss matters in an open way and drive quality across the whole service.