

# Progressive Care (Derbyshire) Limited







## Lilybank Hamlet Care Home

### 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 |  |

### Overall summary

The inspection visits at Lilybank Hamlet took place on 16 and 17 June 2015 and the first day was unannounced.

At our last inspection on 30 April 2014, we found the provider was not meeting three regulations. These were in relation to care and welfare, safety and suitability of premises and suitability of staff. These breaches were of regulations 9, 15 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. Following

that inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that the actions we required had been completed and these regulations were now met.

Lilybank Hamlet is registered with CQC to provide personal care and support in a number of residential facilities. The main house provided residential care for up to 42 older people, some of whom may have dementia. On our visit, 22 people were living in the main house.

There was also a smaller home for five people with learning disabilities which was fully occupied.

# Summary of findings

There are two other houses and 7 apartments for people with learning disabilities, which were empty at the time of our inspection.

There is a registered manager at the service. 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.

People and their relatives were happy with the care and support provided and everyone felt individual needs were being met. People were treated with compassion and respect and told us they felt safe. Relatives we spoke with confirmed this.

We saw that people were well supported by a staff team who were knowledgeable about the needs of people and understood their individual needs. We observed that staff were kind and friendly and respectful of people's individual needs.

People received care and support from staff who had received training for their job roles. Staff received support, supervision and appraisal to carry out their jobs.

People were supported to make their own decisions and where they could not do this staff had recorded how a decision was made in people's best interests. Records we looked at showed that staff had assessed people's capacity to make key decisions although assessments were not always completed correctly.

Staff recruitment procedures were followed and pre-employment checks were carried out to ensure new staff were safe to work with vulnerable people.

Medicines were managed safely and in line with current legislation and guidance. Staff who administered medicines received training to ensure their practice was safe. There were systems in place to ensure medicines were safely stored, administered and disposed of.

People were offered drinks throughout the day, however in the main house people were unable to access drinks for themselves at other times. People's nutritional needs were assessed and records were adequately maintained. Where potential risks were identified, people were monitored and referred to relevant professionals.

There were effective systems in place to monitor and assess the quality of the service.

# 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.

Improvements had been made to protect people from the risks of unsafe care and welfare, safety and suitability of premises and suitability of staff

People's medicines were safely stored, administered and accurate records were kept.

People were protected by a thorough recruitment procedure. Staff numbers were sufficient to meet people's needs.

Good



### Is the service effective?

The service was effective.

People received varied, sufficient and nutritious meals. People in the main house people did not have easy access to drinks, although had drinks provided at regular intervals. Staff consulted with external health professionals to ensure people's health and care needs were met.

The lounge in the main house was busy at times and could be confusing for people with dementia.

Staff received training, supervision and appraisal to complete their role.

Good



### Is the service caring?

The service was caring.

People and their families were always welcomed.

Staff were thoughtful and aware of people's needs and responded promptly when people needed assistance.

Staff took time to get to know people and ensure their needs were met.

Good



### Is the service responsive?

The service was responsive.

Care plans were maintained and reviewed meant they reflected the care and support people needed and received.

People were encouraged to make choices about daily living and staff understood people's likes, dislikes and individual needs.

People told us that they felt able to raise any issues or concerns.

Good



### Is the service well-led?

The service was well-led.

People and staff had confidence in the management of the service. Staff clearly understood their roles and responsibilities.

Good



# Summary of findings

There were effective auditing systems in place which provided quality monitoring and assessing as well as recognising ways to improve the service.

# Lilybank Hamlet Care Home

## 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.

We visited the home on 16 June 2015. Our visit was unannounced and the inspection team consisted of three inspectors.

Before the inspection we looked at all the key information we held about the service. This included notifications the provider had sent us. A notification is information about

important events the provider is required to send to us by law. We also spoke with local authority contracts and commissioning responsible for contract and monitoring people's care at the homes.

During the inspection we spoke with ten people who lived at the service, six staff, the registered manager and health and social care professionals. We observed how staff provided people with care and assistance in communal areas and we looked at four care plans, three staff records and other records relating to how the homes were managed. For example, service audits and risk assessments.

As many of the people at the main house of Lilybank Hamlet were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Our previous inspection found the provider had not taken proper steps to ensure that people's care was delivered in a way that fully met their individual needs and ensured their welfare and safety. This was a breach of Regulation 9 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. We also found the provider was not ensuring people had access to premises that were adequately maintained and operated to protect them from risks. This was a breach of Regulation 15 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. In addition we found the provider had not taken appropriate steps to ensure that sufficient suitable staff were available to meet fully people's needs and ensure their safety. This was a breach of Regulation 22 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. During this inspection we saw improvements had been made and found the regulations had been met.

People told us they felt safe because staff looked after them. One person told us they had chosen to move to the home and they were, "Most impressed with this home." Some visiting relatives told us they were very pleased with how accommodating the registered manager and the staff had been in preparing for their relative's admission to the home. They felt their relative would be safe in the care of the staff and should they have any concerns they knew they could speak with any of the staff or the registered manager.

Staff told us they had received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff were aware of local procedures for reporting allegations of abuse and told us they were confident in raising any concerns they had. This led us to believe staff knew how to protect people from abuse and they would report any concerns they may have to the relevant people.

We saw staff using specialist equipment to move and transfer people. This was done safely and people were communicated with throughout in a reassuring and calm manner. The registered manager showed us information and risk assessments regarding people identified as being at risk of falls. The registered manager had taken steps to analyse and try to prevent falls. They also had systems in place should someone fall and require assistance and treatment following a fall. The registered manager had

taken advantage of a local charity that provided a falls prevention service as well as a response service should someone fall. This demonstrated to us the registered manager was aware of putting measures in place to benefit people's health, safety and welfare.

People told us that staff understood their needs well and were available to help and assist them when they asked. We spoke with staff and they had a good understanding of people's needs, including any individual risks and they were aware of how to provide care and support in the safest way. Staff were clear about their responsibilities should anyone have an accident or incident. They were able to tell us the action they would take to respond, report and monitor such events. We could see from the information we received from the registered manager that they were aware of their responsibilities in promoting the safety of people. Our records showed that accidents and incidents had been reported as required to the CQC and the local authority.

People told us there was enough staff to meet their needs when they required assistance. There was a call system in place which alerted staff directly through a pager style system. Throughout our visit we saw staff responding to people promptly. Staff we spoke with felt staffing levels were appropriate for the people living at the home and told us they were able to meet people's individual needs without delay. We were told that staffing levels were flexible depending on the number of people using the service at the time. The registered manager showed us a dependency assessment they used to judge how many staff were needed each day based on the number of people in the home and their individual needs. Duty rotas confirmed enough staff were rostered on duty to meet the needs of the people.

We looked at staff records and found that checks were undertaken before staff began working at the home. Records showed pre-employment checks had been carried out. These included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and relatives could be confident that staff had been screened as to their suitability to care for the people who lived there.

Staff responsible for medicines had completed training in the safe handling and administration of medicines. Staff also told us that they had been observed giving people their medicines by the registered manager to ensure they

## Is the service safe?

continued to follow best practice guidance. Medicine risk assessments were in place along with information that details how to support the person with their medicines. We saw there was laminated information and guidelines regarding the use of 'as required' medicines. Medicine was stored correctly and records showed that current legislation and guidance was followed. This showed medicines management was taken seriously to ensure people received their medicines safely and as prescribed.

There were procedures in place to deal with emergencies. Personal evacuation plans were in place in the event of an emergency, such as a fire. Overall, we saw the home was well maintained. Maintenance and servicing records were kept up to date for the premises.. Records indicated that equipment, such as fire extinguishers and emergency lighting were checked and serviced. Equipment used for the moving and transferring of people was also checked according to current health and safety recommendations.

# Is the service effective?

## Our findings

People told us they were well cared for and our observations supported this. We saw the staff were skilled in caring for people and understood their needs. One person said, “Nice people look after me”. Another said, “They look after us well.” People and their relatives were very complimentary about the staff and the home in general and they all told us they had no concerns regarding the care and support being provided.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff we spoke with had some understanding of the requirements of the MCA and the importance of acting in people’s best interests but could not always tell us how they put the principles of the MCA into practice when providing care to people.

Records we looked at showed that, when people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and people’s best interests established. We noted some had not always been completed as fully as others. We spoke with the registered manager about this and they agreed to review the mental capacity assessments that had been carried out and discuss this with staff in a team meeting.

The Deprivation of Liberty Safeguards (DoLS) process had been applied appropriately by the registered manager. DoLS are legal protections which require independent assessment and authorisation when a person lacks mental capacity and understanding and needs to have their freedom restricted to keep them safe. The registered manager understood the circumstances which may require them to make an application to deprive a person of their liberty and was familiar with the processes involved.

The registered manager recognised that further training in the area of the Mental Capacity Act and the Deprivation of Liberty Safeguards would be useful to refresh knowledge and enhance understanding. On the second day of our inspection we saw the registered manager had started to source further training in both MCA and DoLS. This showed the registered manager understood the need for continuous learning.

Staff told us they felt supported and that they received sufficient training in key areas of delivering safe and effective care. One staff member, who had taken on a supervisory role in the service, told us they had received additional training to help them carry out the role. Another staff member said, “We get lots of training, it’s very good and helpful and they renew it as well”. Another member of staff told us about the induction they had received prior to supporting people within the service. This had included receiving training such as moving and handling and learning about the company’s policies and procedures. We were also told new staff had a period of time shadowing experienced staff so they could learn about people’s individual needs. This staff member was confident the induction had given them the required skills to be able to care for people. Records we looked at confirmed that staff had access to a variety of training and received support through the use of supervisions, appraisals, and team meetings. This meant that staff had been supported to deliver effective care to meet people’s needs.

In the main house we looked at the food and drink people were offered during our inspection and observed the lunchtime meal. We saw the meal was freshly prepared, nutritious and nicely presented. People had been supported to make a choice of food and drink and when required, they were provided with support to eat their meal whilst remaining as independent as possible. We saw people were offered an alternative if they did not like what was on the menu that day. The kitchen staff catered for people with specialist diets, for example, offering choices suitable for people with diabetes and ensuring that food was prepared correctly for people on soft and fortified diets. Staff supported people who needed assistance or encouragement without people needing to ask for help. This demonstrated that staff knew people well and were aware of individual needs.

We observed staff offering people hot and cold drinks at intervals during the day. This was in addition to drinks of choice being served at mealtimes. The first day of our inspection was particularly hot during the afternoon, although people did not complain of being hot. We saw people were offered drinks and staff monitored people’s well-being and ensured they drank their drinks. We noted that there were no easily accessible drinks for people outside of these set times. We discussed with the registered manager the possibility of providing jugs of drinks for people and they agreed to explore this further.



## Is the service effective?

Mealtimes at the smaller house were much more flexible and informal. People were included in food shopping, choices and preparation. We saw people had easy access to the kitchen and were able to prepare their own snacks and drinks with staff support and when they wanted to.

We were told and saw that people had individual hospital passports to ensure that key information about support would go with people if they needed to go to hospital. We saw the hospital passports were kept in people's care plan files and were reviewed monthly. This meant that essential information about people's health, communication styles and key information about what support they needed was given to hospital staff.

The registered manager had systems in place to ensure the health and well-being of people were monitored and reviewed. For example, we saw visits from the community matron took place on a weekly basis. The visits meant staff were updated in relation to any changes, improvements or deterioration in people's condition. This demonstrated the staff were aware of working proactively and in partnership with health professionals.

The registered manager told us as people's health changed referrals were made to the relevant health professional for advice and guidance. We saw some people in the smaller house had regular contact with professionals from the local learning disability team. Feedback from professionals indicated the registered manager and the staff ensured referrals were made to ensure people's changing needs were met.

At the main house the registered manager demonstrated to us a laptop and webcam which the staff was able to use for quick and easy access to a health care professional if someone's health changed or deteriorated. The registered manager explained the staff used the system for quick and on the spot advice from a health professional. We were told that by using the system people's changes to health could be assessed quickly within the home. The implementation of this system showed us the registered manager and staff team were open to ways to improve and respond to the changing needs of the people.

We could see and the registered manager confirmed there was a plan of redecoration throughout the building. We saw some rooms had already been decorated, refurnished and fitted with new carpets. The newly decorated rooms were very welcoming. We also saw people had chosen their own décor and rooms were personalised with their own choice of furniture and personal items. We asked if adaptations had been considered to ensure that the home was "dementia friendly." We discussed this with the registered manager and on the second day of our inspection found they had already started to research ideas for improving the environment for people with dementia care needs. For example, consideration of painting the handrails a different colour to the walls to help people differentiate between the two.

# Is the service caring?

## Our findings

People using the service told us, “Staff are caring and supportive.” One person said, “The staff are very kind. This is one of the best homes I have ever been in.” We found that both the larger and smaller home had a positive and calm atmosphere and we saw staff being friendly and approachable. We observed staff delivering care which met people’s individual needs and which supported them in a respectful and dignified way. Staff were kind and caring in their interactions with people. They ensured people were comfortable and took time to communicate what was happening in a friendly and reassuring manner. We also saw staff giving people choices about where they would like to sit, whether they wanted to join in with the activity sessions and how they would like to be supported and assisted.

All staff interacted appropriately and positively with people living at the home. They responded quickly to people and were consistently caring in their approaches. However, on occasion the interactions between staff and people were focused on ‘tasks’ such as getting people a drink or helping them to mobilise. There was a missed opportunity to interact with people or spend time with them on a more personal level. On one occasion staff had congregated in the office which was located within a large communal lounge. Although staff were attentive to people’s needs and

monitored their well-being, they did not always spend time sitting with people and chatting after the ‘task’ was completed. We discussed our observation with the registered manager who agreed to monitor and review this.

Staff spoke in a positive manner about the people they supported and cared for. They had taken time to get to know people’s preferences and wishes. Staff had a good knowledge of people’s needs and this was demonstrated in their responses to people and recognition of when people required additional assistance.

People’s privacy was respected and people had space to be able to spend time alone with relatives. We spoke with staff who were able to give us examples of how they respected people’s dignity and privacy and acted in accordance with people’s wishes. For example, one care worker told us about how they ensured people’s privacy was maintained during personal care and another explained how they encouraged people to make choices whenever possible.

In the smaller home, people’s bedrooms were very much their own personal and private space which reflected their likes and personalities. Staff respected and supported people’s individuality and we saw staff encourage people to take pride in their appearance and gently remind people to wear clothing and footwear which met their needs and preferences. This gentle reminder was an example of staff promoting people’s dignity along with increasing people’s confidence.

# Is the service responsive?

## Our findings

People were very complimentary about the staff and the way they were supported. One person told us they were supported to follow personal interests and since moving in to the home they continued to attend church with their friend. They told us their religion was important to them and the staff recognised and supported this.

Relationships with family and friends were encouraged. We saw visiting friends and relatives being welcomed and there were no restrictions or specific visiting times. We saw visitors coming and going throughout the day. Visitors told us staff were always helpful and always made them feel welcome.

The staff we spoke with were knowledgeable about the people in the home. They knew their care and medical needs, and what was significant to them in their lives and we observed them responding accordingly. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift and the use of a communication book.

Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account.

Staff we spoke with were aware of people's needs in relation to their dementia but had not always considered how this may have affected people's experiences of the service. For example, the downstairs lounge was a busy and noisy environment where a number of people with needs in relation to their dementia had been seated.

We recognised that at times there was a lot of noise in the main lounge which could easily have confused someone with dementia. An example of this was in the morning when the television was on the same time as music being played. There was a smaller lounge that was much quieter. Everyone was offered a choice of where they wanted to sit and some people did choose to sit in the quieter lounge, whereas other people happily chose to sit in the busier lounge.

In the afternoon a number of people participated in a game of bingo in the main lounge. The game was well attended and people enjoyed themselves. People participating were spread out around the large room. We did hear staff offering to assist people to move to all sit together, however the majority of people chose to remain where they were. We did however see and hear that all the people who participated in the activity appeared to enjoy themselves. The staff ensured that those participating in the game were fully included and engaged. We raised with the registered manager our observations about the main lounge being busy and they agreed and told us they would review it and look at ways of making better use of the space.

We saw there was an extensive activity program and newsletter called 'The Lilybank News' which was implemented by the activities person. The newsletter gave details of proposed activities planned for the month ahead. The newsletter also recognised a 'resident of the month' as well as the 'staff member of the month'. The newsletter was a simple yet effective way of keeping people, relatives and visitors informed of what was happening at the home.

People told us they were satisfied with the care they received at the home. Everyone we spoke with told us they knew who to complain to should it be necessary. One person told us they never had any complaints but knew who the registered manager was and how to complain to them.

Another person told us that staff talked with them regularly about their care, and that they felt able to talk about what they wanted and what was important to them. We saw posters around the home that told people how they could make a complaint. We saw that 'residents' meetings were advertised as being held weekly, and 'residents and relatives' meetings held monthly. One person told us that they went to the residents' meetings and felt able to talk about the care and support they were being offered. Staff told us that they used these meetings to ask people about activities in the home and whether people had any concerns or suggestions for improvement. This showed us the staff listened and responded to the suggestions and needs of the people and looked for ways to develop and improve the homes.

# Is the service well-led?

## Our findings

One person told us, “The key to a good home is a good manager and the manager is good.” They went on to say the registered manager always made time to listen to them and, “Always treats me with respect.” Another person told us, “The manager is helpful and friendly.”

Relatives and visitors told us they always felt welcomed into the home and they thought the staff and registered manager worked well together to provide a settled and happy atmosphere.

A social care professional told us they thought the registered manager and the staff team at the smaller home had worked well together and morale had improved and people at the home seemed happy and settled. The same social care professional stated they were, “Very impressed with the manager.” The professional went on to explain the registered manager and the area manager had worked together to manage and resolve a safeguarding concern. This demonstrated to us that people and families could be reassured that the registered manager took people’s safety and their job role seriously.

Staff felt the registered manager and senior staff were approachable. Staff told us they were confident in raising any issues or concerns they had to the registered manager. One staff member said, “I can speak with the manager about anything. He’s very supportive”. Another staff member told us the manager was, “Approachable and responds to what we need”.

There were regular meetings with the staff and we were told that everyone was encouraged to share their views and opinions to help improve the quality of service provided. People living at the service also had regular opportunities to be involved in decisions being made about the service and their care.

We spoke with the registered manager about how they assessed, monitored, evaluated and improved the services they provided. The registered manager showed us documents which detailed how they monitored the quality of the service. Audits carried out included, monthly infection control monitoring, a generalised audit of the environment and medicines audits. There was a monthly service audit carried out by the regional manager and any

recommendations were actioned and documented. This demonstrated to us the registered manager understood the need and importance of continuous improvement and monitoring of the services being provided

There was a complaints and compliments policy in place and it was available for everyone to look at. The registered manager recognised the need to assess, monitor and reduce potential risks relating to the health, safety and welfare of people. We saw there was effective analysis of incidents and accidents. The registered manager was aware of the need to look for any emerging patterns or trends and to help reduce the likelihood of such incidents occurring again.

Records required for the running and management of the homes were maintained and stored safely. The provider sent us written notifications to inform us of important events that had taken place. For example, notifications of deprivation of liberty authorisations.

We saw there was a program of training, supervision and appraisal of staff. Staff were aware of the need to attend training and keeping their knowledge and understanding updated. Staff also understood the need for supervision and appraisal and saw it as way of discussing any concerns they may have as well as discussing their own personal development.

Staff we spoke with had a clear understanding of their roles and responsibilities and were positive about their job role. One staff member told us they always remembered they were working in people’s homes and they must not forget this. Our observations and conversations with the staff team demonstrated staff understood the provider’s vision and values for the home. Staff understood how to raise any concerns and how to communicate any changes to people’s needs. For example, reporting and recording any accidents, incidents and any safeguarding concerns. This meant that people could be confident the registered manager and the staff took the needs and safety of others seriously.

There were clear arrangements in place for the day-to-day running and management of the homes. The registered manager was supported by a team of carers and senior carer as well as being mentored and supported by an area manager. The registered manager told us they felt they had a really good and supportive network of people working with them which enabled them to provide a good service to

## Is the service well-led?

the people. The registered manager told us they were mindful that improvements had been made, but they needed to continue moving forward and sustain the service provision.