

# Community Housing and Therapy

## Lilias Gillies House

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We visited Liliias Gillies House on 11 and 12 April 2016. The inspection was unannounced.

At the previous inspection in January 2015, the service was not meeting the Regulations we inspected in the following areas: systems in place to assess and manage risks to people using the service were not effective; care plans at the service did not include clear objectives to show how people were working towards independent living; and the service did not have a registered manager. During this inspection we found the service had made improvements in these areas and were meeting the Regulations inspected.

The service provides residential care for up to 20 people with complex mental health needs. The service is a therapeutic community where people's needs were addressed through a therapeutic programme delivered within and supported by the community of people using the service. The programme was made up of individual and group psychotherapy sessions with practical and rehabilitative sessions.

The service had a registered manager. 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 at the service generally felt safe. Staff knew how to respond to abuse and had completed safeguarding of vulnerable adults training. They knew how to report safeguarding incidents and escalate concerns if necessary. The service provided a safe and well maintained environment for people, visitors and staff. Risk assessments supported people's needs and goals. There were sufficient numbers of staff to meet people's needs. There were procedures and checks in place to ensure only suitable staff were employed. The management of medicines was safe.

Staff were supported with regular supervision and training. The service was working within the principles of the Mental Capacity Act 2005 (MCA). We saw evidence of completed mental capacity assessments, best interests meetings and the use of independent mental capacity advocates in care records. Staff had completed MCA training to support them to deliver appropriate care and support. People were supported to have a healthy diet and to maintain good health.

People's comments about staff were generally positive. We observed positive and inclusive interactions between people and staff. People and their representatives were supported to express their views and were involved in making decisions about their care and treatment. Keyworkers provided additional support for people. There were regular individual and group therapy sessions for people where they could express their views and opinions and ideas about the day to day running of the home. Staff respected people's privacy and dignity. People's preferences for end of life care had been considered with them.

People received personalised care and support that was responsive to their needs. Care records and

support plans identified people's needs, risks and goals. There were regular therapy and keyworker sessions for people using the service to feed back their experiences. People were confident that they could raise concerns with staff and there was a complaints system in place.

Staff spoke positively about the management team and said they were approachable. Staff meetings were held regularly giving staff the opportunity to feedback their thoughts about the service. There was a system of reviews, checks and audits to assess and monitor the quality of service provided and identify any risks to the health safety and welfare of people using the service, staff and visitors. Records relating to the provision of care were fit for purpose.

## 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. People at the service felt safe. Staff knew how to report abuse. Risk assessments supported people's needs and goals. There were sufficient numbers of suitable staff to meet people's needs. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. Staff were supported with regular training and supervision. The service was working within the principles of the MCA. People were supported to have a healthy diet and to maintain good health.

### Is the service caring?

Good ●

The service was caring. People spoke positively about staff. People were supported to express their views. Keyworkers provided additional support. Staff respected people's privacy and dignity. People's preferences for end of life care had been considered with them.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care, support and treatment that focussed on their needs, goals and preferences. People were confident that they could raise concerns with staff and they would be appropriately addressed.

### Is the service well-led?

Good ●

The service was well-led. Staff spoke positively about the management team and regular staff meetings gave staff the opportunity to feedback their thoughts about the service. There was a system of reviews, checks and audits to assess and monitor the quality of service provided.

# Lilias Gillies House

## **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.

This inspection took place on 11 and 12 April 2016 and was unannounced. The inspection was carried out by an adult social care inspector and a specialist advisor on mental health services.

Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed information we held about the service. During the inspection we spoke with six people using the service and seven members of staff including the management team and clinical lead. We carried out general observations throughout the inspection. We looked at records about four people's care, support and treatment which included support plans and risk assessments and three records about staff. We reviewed records for medicines, policies and procedures, complaints and service audits.

# Is the service safe?

## Our findings

At our previous inspection in January 2015 the service did not have effective systems in place to assess and manage risks to people using the service. At this inspection we saw the service had detailed risk management plans that included needs and risks. Risk assessments supported a wide range of people's health and social care needs and provided guidance to staff. We saw they provided a plan to minimise and manage identified risks. They were periodically reviewed or reviewed in response to changes in needs or risks. The extent and range of risk assessments reflected individual needs. Where appropriate, risk assessments were cross referenced with crisis plans in care records.

People told us they felt safe. One person told us there had been an occasion when they had not felt safe due to the actions of another person using the service. Most people using the service had mobile telephones and told us they would inform staff or call the police depending on the circumstances. Staff were aware of their personal responsibilities to keep people safe and to recognise incidences of abuse. Staff we spoke with knew how to report concerns and procedures around escalation and whistle blowing. Staff had completed appropriate training to support them to deliver appropriate care and support. Safeguarding contact details were displayed on noticeboards in the office and communal areas so that they were available to staff, people using the service and visitors.

We found handovers took place between each shift at 8.00am and 9.00pm. We observed a morning handover. The behaviour and wellbeing of each person over the previous shift was discussed. Any issues around medicines were discussed and the member of staff accepting the handover checked the medicine's administration records. There was a formal record that showed staff on duty and their responsibilities for that shift. This meant staff were aware of any problems or issues that might carry over from the previous shift and were fully briefed and up to date about people using the service.

The service provided a safe and comfortable environment for people using the service, staff and visitors. Entry to the premises was controlled and people had keys to their rooms. The building and surrounding grounds were well maintained. There was a large garden to the rear and one side of the premises with a lawn area and areas for seating and tables. To the front and other side was a car park and access to it. The service was supported with a maintenance officer. There was a maintenance plan for the year and quarterly checks of the building. There were periodic fire drills, usually every six months and whenever new people came to live at the service. The fire alarms were tested weekly and an external company had recently carried out a fire audit.

We found there was sufficient numbers of staff to meet people's needs. There were 13 people using the service when we inspected. During the daytime there were normally three therapists, an apprentice therapist, a support worker and the manager or deputy on duty. At night there was one waking and one sleeping member of staff. An agency provided the service with support workers for each shift who supplemented and supported the therapists. They were people who worked regularly at the service. New agency staff had to complete an induction and competency assessment before starting work. The service

had checks within the recruitment process to ensure only suitable staff were employed. Each member of staff submitted an application form with work history; two forms of identification and two references. All staff were checked by the Disclosure and Barring Service. (These checks identify people who are barred from working with children and vulnerable adults and informs the service of any previous criminal convictions).

Medicines were safely managed and securely stored in appropriate conditions. One person using the service told us their medicines were well-managed. We examined medicines records in the presence of a member of staff. Medicines administration records (MARs) were completed immediately after medicines were administered. Medicine's records clearly showed existing diagnoses and people's allergies. The reasons for pro re nata (PRN) medicines, commonly known as 'when required' medicines, and guidance for their use were also recorded by the prescribing doctor. When PRN was given the reasons for doing so were recorded in MARs. At the time of the inspection three people were self-administering medicines. People were involved in decision making to self-administer and the associated risk assessment.

# Is the service effective?

## Our findings

People were supported by staff with the knowledge and skills required to carry out their role. Therapists and apprentice therapists were appropriately qualified in their field and were supported by the provider to continue to develop their skills. For example, one member of staff told us they had attended conferences abroad that had been funded by the provider. Staff also completed what the provider deemed to be mandatory training encompassing areas such as safeguarding, the Mental Capacity Act, dignity in care, fire safety and health and safety. Staff were supported with regular supervision sessions.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw there was a folder for MCA which contained policies and guidance, an MCA and DoLS prompt tool, mental capacity assessments and best interest meetings. Mental capacity assessments and best interests meetings involved the person concerned, keyworkers, staff, care coordinators and Independent Mental Capacity Advocates (IMCA). The manager told us there were no DoLS authorisations in place as there were no circumstances where people were being deprived of their liberty.

People were encouraged to have a healthy diet. There was access to food and drinks in the kitchen at any time of the day. People using the service were involved in deciding the menu and buying food items. There were choices and people's preferences were accommodated. Staff had completed food hygiene training and diabetes awareness training to provide support for people with diabetes. Staff encouraged people to eat more healthily and where necessary people had been referred to appropriate healthcare professionals through the GP. In specific cases people's food and liquid intake was monitored.

The service supported people with their healthcare needs. Everybody was reviewed by a local GP shortly after arriving at the service to assess their physical health. A range of healthcare professionals visited the service to provide advice and support for people such as a chiropodist and a diabetes nurse. People were reminded about external healthcare appointments.



## Is the service caring?

### Our findings

Support was delivered by staff in a patient, friendly and considerate manner. One person told us, "Staff here have a laugh and a joke with us." Another person told us, "It's okay here, I like it." One person told us they were 'well treated.' Another told us staff sat around in the lounge and chatted to people. One person informed us they were happy with their treatment programme and appreciated the support they received as staff were nice, down to earth and non-judgemental.

We observed and listened to interactions between people and staff throughout the inspection. People and staff were on first name terms. Generally, interactions and conversations were positive and inclusive. We saw behaviour that challenged and disagreements where staff responded calmly and professionally to people. In addition to therapy sessions people and staff carried out activities and daily tasks together such as shopping, outings and dealing with personal affairs such as budgeting. On two days of the week there was an open invitation to socialise with staff where there were croissants, cakes and other treats. This had been tried with more healthy options but attendance dropped

People were supported to express their views and be involved in their care. The specific nature of the service as a therapeutic community meant people were very much involved in their care and treatment. There were regular individual and group therapy sessions. We saw people were involved in the planning and continuation of their care and support plans and risk assessments. People were supported to develop their autonomy and independence in line with their needs and preferences. Additional support was provided through the key worker system at weekly meetings. This included reference to the recovery star.

A mental health advocacy service was available to support people to express their views and be involved in their care. Information about advocacy was provided when people arrived at the service, advertised in a leaflet on the noticeboard and discussed at reviews of people's care programme approach.

Staff treated people with dignity and respect. People told us they were free to spend time where they preferred and go to and from the building when they liked. They had keys to their rooms and told us staff respected their privacy. We saw staff knock on people's doors when they wanted to speak to them.

We saw one person's preferences for end of life care had been considered with them and recorded in line with their wishes. The person wanted to remain at the service and not be taken to hospital. They were supported to make this decision by staff, the doctor and an IMHA. The service was being guided and supported by St Christopher's Hospice to provide appropriate care and support.

# Is the service responsive?

## Our findings

People received personalised care and support that was responsive to their needs. At our previous inspection in January 2015 care plans at the service did not include clear objectives to show how people were working towards independent living. In response, the service changed their support plans to incorporate the recovery star programme that sets out clear aims and objectives and reflect the views and aspirations of people using the service.

We looked at care records and support plans for three people. On occasions the terminology used did not reflect the person centred care and support delivered. Some people were quite correctly referred to by name or in the first person. Sometimes, people were also identified in records by their initials or as 'the client.' A large whiteboard in the office also contained brief headings (nothing of a confidential nature) to remind staff about things people needed to do that day such as attending appointments. People were identified on the board by their initials. The use of initials or 'the client' could depersonalise people to staff and possibly be interpreted by people as a barrier between them and staff. People using the service periodically saw records and went into the office where could clearly see the noticeboard. It was not inclusive and person centred language. However, as the language used did not reflect what actually took place we spoke with the manager who said they would raise it with staff at meetings and consider if any other actions would be necessary.

Care records and support plans identified people's needs, risks and goals. They included a personal and a clinical history. Staff were able to tell us about people's backgrounds and were aware of ongoing risks for individuals. Staff were knowledgeable about people using the service. People's care, support and treatment focussed on their individual needs. These needs were addressed through a therapeutic programme delivered within and supported by the community of people using the service. The programme was made up of individual and group psychotherapy sessions and practical and rehabilitative sessions such as cooking and cleaning. In addition, there were key worker sessions with staff.

There was a morning group meeting for people on the first day of our inspection and people agreed to let us observe what took place. There were five people present. People took control and one person chaired the meeting. A therapist made notes and helped to facilitate the meeting. There was a relaxed mood and a range of feelings were expressed by people. Some people provided positive contributions whilst others were less engaged. They initiated and undertook agenda planning and people took responsibility for their own activities and action plans. There were complaints about some aspects of the day to day running of the service such as the Wi-Fi not working. We came away from the meeting with a positive impression particularly in relation to people taking action about issues they brought to the meeting. People supported each other and they were allowed to problem solve themselves.

Peer support and problem solving provided an example of how the community worked towards meeting people's needs and achieving people's goals such as increased independence. It also showed people were interested in and supportive of their peers and not isolated. People using the service were expected to

contribute to day to day tasks such as shopping, cooking and cleaning as part of taking on more responsibility. Inevitably, some people were more engaged and positive than others. We did not observe any individual sessions.

Therapy sessions and key workers sessions provided people with numerous opportunities to feedback their experiences of the service. One person told us they were happy to raise issues or concerns with staff. There was also a system to deal with complaints. We saw policies and procedures for complaints. We looked at some complaints and saw they were appropriately addressed. We spoke with one person who had made a complaint and they told us it had been dealt with to their satisfaction. The service listened to what people had to say. For example, one of the issues raised in the meeting we observed related to levels and types of food stocked. Two people were provided with funds and they addressed the issue themselves. The service constantly listened to people as it was an integral part of the service they provided.

# Is the service well-led?

## Our findings

At our previous inspection in January 2015 the service did not have a registered manager. The service had a registered manager at the time of the inspection. The registered manager was absent and their role was being covered by one of two deputy managers. A member of staff told us the manager had been very supportive. Another member of staff told us they felt valued and able to approach management for support if needed. The report from the previous inspection clearly displayed the ratings on a noticeboard near the main entrance. This met the requirements of the Regulations under the Health and Social Care Act 2008.

We found that staff were well supported and were provided with regular opportunities to feedback any experiences or concerns. These included weekly supervision meetings and group meetings for staff. We were told by staff that they had no problems feeding back or expressing their experiences to managers. Every member of staff we spoke with enjoyed working at the service and were proud of what they achieved. Staff felt supported by management and the provider.

The service sought feedback from relatives of people using the service and other stakeholders through an annual survey which was sent out in February. Other professionals were asked for feedback when they came into the service to carry out reviews or visits.

Accidents and incidents were recorded in an incident file. There was clear policy and guidance for staff about the reporting of accidents and incidents or 'near miss' reports. Records showed what action had been taken at the time and subsequently. The reports were checked by the manager to ensure appropriate action had been taken and to identify learning opportunities.

We examined our records for the service and found that statutory notifications were submitted as required and in a timely fashion. The occurrence of these incidents were within normal parameters for comparable services. The manager and deputy at the service were aware of their obligations to report these incidents.

Information from staff, relatives, stakeholders, accidents and incidents and statutory notifications were assessed by local management with a view to identifying any learning opportunities or possible improvements to the service.

Checks, reviews and audits were regularly undertaken to assess and monitor the quality of the service provided and to identify any risks to the health, safety and welfare of people using the service, staff and visitors. For example, medicines were audited every week. There was an annual audit of the whole service and periodical peer reviews. Clinical aspects of the service were regularly checked and reviewed.

We found that records relating to the provision of care by the service were fit for purpose. They were readily accessible, up to date, legible and accurate. Where appropriate records were stored securely and restricted to those people authorised to see them.