

Lily Healthcare Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 28 October 2016 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be available. This was the first inspection of this service since it registered with us in May 2015.

Lily Healthcare Limited is registered to provide personal care services to adults in their own homes. On the day of the inspection one person was in receipt of a service. There was a registered manager in post who was also the provider. 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.

Care staff were knowledgeable about how to keep the person safe and recognize the different forms of abuse and the action to take. Care staff were supported to ensure they had the skills and knowledge to meet people's needs.

The provider ensured the Mental Capacity Act (2005) was being adhered to. Care staff had received the appropriate training so they would know how not to restrict people who lacked capacity. The person's consent was sought before they were supported.

The service was delivered in a way that enabled people to make decisions on how they were supported along with their wishes being acknowledged. People's dignity, privacy and independence was respected.

The support provided was as requested and the provider had a complaints procedure in place so complaints could be raised.

The provider did not keep sufficient records in the office to show how the service was being managed. Where an accident took place there was no system for recording these or monitoring them for trends.

The provider had a system in place so people's views could be gathered on the service they received.

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.

The person receiving a service felt safe.

There was sufficient care staff available to meet the person's needs.

The provider had a recruitment process in place to be able to employ suitable care staff.

Is the service effective?

Good ●

The service was effective.

Care staff were able to get support when needed so they had the skills and knowledge to meet people's needs, however the care certificate was not being used as part of the induction process.

People's consent was being sought. The provider ensured care staff had appropriate guidance on the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Care staff were caring and kind.

Care staff ensured the person's privacy, dignity and independence was respected in all aspects of care provision.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the care planning process so their wishes were reflected in how they were supported.

The provider had a compliment and complaints process in place, but an appropriate system to log and monitor complaints was needed.

Is the service well-led?

The service was not always well led.

There was no evidence of sufficient records being kept in the office to show how the service was managed.

The provider had no accident book in place to log accidents and be able to monitor any trends.

The provider had the appropriate systems in place to gather views on the service being delivered.

The provider carried out checks on the quality of the service provided.

Requires Improvement 

Lily Health Care Limited

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.

Our inspection took place on 28 October 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager was often out of the office supporting staff or providing care and we needed to be sure that they would be available.

The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We visited the provider's main office location. We spoke with the only person receiving a service, two members of the care staff and the registered manager who was also the provider. We reviewed the person's care records, reviewed the records for three members of the care staff and records related to the management and quality of the service.

Is the service safe?

Our findings

The person receiving the service said, "I do feel safe with the staff". Care staff we spoke with were able to explain the actions they would take if the person were at risk of harm. One care staff member said, "I have had safeguarding training and if I saw that [service user's name] was at risk of harm I would tell my manager or raise a safeguarding. I do tell [service user's name] that they can tell me or my manager if they don't feel safe". We found that care staff had received the appropriate training to know how the person should be kept safe and what actions to take if the person or people generally were at risk of harm.

The person receiving the service said, "There is always two staff when I am hoisted". Care staff we spoke with told us that a risk assessment was available for them to access and refer to in the person's home and that the registered manager had carried out a risk assessment on them using the hoist. The care staff we spoke with told us that where they had concerns about risks to how they supported the person they were able to get advice and support from the registered manager. However we were unable to see any risk assessments at the provider's office base to show evidence that these assessments were taking place as they were all kept in the person's home. We discussed this with the registered manager and while they were unable to get copies for us to see on the day of the inspection, they acknowledged the importance of copies of all care records to also be kept in the office.

The person receiving the service told us that there were always two care staff supporting them as identified in their care plan, the care staff were always on time and they always stayed for the full length of time required. Care staff we spoke with told us there were always enough staff. A care staff member said, "There is always two of us to support [service user's name]". We found that the provider had clear processes in place for the management of their care staff.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check and provide two references as part of the recruitment process before being appointed to their job. A DBS check was carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. They also had to provide appropriate identification to prove who they were along with a full employment history, as is required by law.

We found that the provider had a policy in place to be able support people with medicines and that the care staff were required to complete medicines training. However we found that the person using the service at the time of this inspection was not being supported with any medicines.

Is the service effective?

Our findings

The person receiving the service said, "The staff are very good". They went on to say that the staff knew how to support them and this was the best service they had tried. The care staff we spoke with were able to explain how they supported the person. They told us that they were able to get support from the registered manager whenever they needed it.

We found that the provider had the appropriate support systems in place to offer care staff supervision, staff meetings and appraisals. One care staff member said, "I have had supervision since I started". We found that care staff were required to complete an induction process and this included shadowing the registered manager before they supported the only person in service on their own. However care staff did not go through or complete the care certificate to ensure they received all the relevant induction information required in the care sector. Care staff we spoke with confirmed they had not completed the certificate, but were able to access training. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. We were able to confirm from the evidence we saw that care staff were able to access training. We discussed with the registered manager our findings about the care certificate and while they were unaware of this induction process, they confirmed they would make arrangements for all the care staff to go through the care certificate.

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.

Care staff we spoke with told us they had completed training in the MCA and the deprivation of Liberty Safeguards (DoLS). They were also able to explain the how it would be used within the service where people lacked capacity to make decisions. At the time of this inspection there was nobody using the service assessed as lacking capacity. The person receiving the service said, "Staff do get my consent". A care staff member said, "I do get her [service user] consent before we get her up".

We found at the time of this inspection that the provider did not support the person with meals or health care. The person lived with their family who was supporting them in these areas.

Is the service caring?

Our findings

The person receiving the service said, "The staff are lovely and caring, they are very good". Care staff we spoke with were able to explain exactly how they supported the person and how they communicated with the person throughout the support they gave.

The person said, "I decide when I get up out of bed and when I go to bed. The staff do everything I need on my support plan". The person receiving the service told us that care staff listened to them and they felt able to make decisions as to how the support they needed was delivered. A care staff member said, "I always ensure [persons' name] is supported how she wants and she decides how I support her". Care staff confirmed the person made all the decisions about how they wanted their support delivered.

We found that care staff encouraged the person to do what they could for themselves during personal care support. Care staff understood the importance of people keeping their independence and being encouraged to do as much as they could for themselves. Care staff explained how they supported the person with personal care which demonstrated that the person was encouraged to do what they could to remain as independent as possible.

The person receiving the service said, "My dignity and privacy is respected by staff". Care staff we spoke with understood what dignity and privacy meant for the person they supported and they gave examples as to how the person's dignity was respected. A care staff member said, "I always ensure the door is closed during personal care and a towel was used to cover the person when needed". We found that the person who received the service had their dignity and privacy respected.

Is the service responsive?

Our findings

The person said, "An assessment and support plan was done and I was involved in the process and have a copy in my home". The person also confirmed that care staff supported them how they wanted. Care staff we spoke with confirmed that they were able to access these documents if required and the support plan did identify the person's support needs. The care staff also confirmed that the registered manager visited the person's home weekly to ensure the support needed was still current and there were no changes as part of a review of the service. We were unable to verify that an assessment or support plan was in place as the provider did not keep copies in the office.

The person receiving the service told us that their wishes and preferences were sought as part of the assessment process and that their support plan reflected their wishes. Care staff we spoke with told us that the person was supported with personal care as it was reflected in their support plan.

We found that the provider had a complaints process in place. The person receiving the service confirmed they knew who to complain to and that they had not had to make a complaint. Care staff we spoke with confirmed any complaints would be passed to the provider to deal with. We found that the provider had not received any complaints and had not put in place a system to log any complaints received, but had received a compliment which was logged appropriately. The provider told us they would put in place a system to log complaints.

Is the service well-led?

Our findings

We found that the provider did not have the appropriate records in their office to show how people were assessed and their support needs delivered. Where risk assessments had taken place there was no documentation kept in the office to show how risks were being managed. The provider told us this would be rectified.

We found that the provider did not have any system in place for recording where accidents had taken place or how trends would be monitored. Care staff we spoke with did know how accidents should be reported and while there had been no accidents in the service the registered manager acknowledged that an accident book should be in place.

We found that while the registered manager was able to show they had a whistleblowing policy the care staff we spoke with were not aware of the policy. The registered manager told us they would ensure care staff had a copy of the policy.

The person receiving the service said, "The service is well led, other companies were unable to meet my needs but this service is excellent". Care staff we spoke with also confirmed that the service was well led. A member of the care staff said, "The registered manager is really supportive and she visits the [person's name] and helps with personal care. We found from what we were told that the registered manager was very supportive and was available for staff whenever needed.

A staff member said, "I am able to access support when the office is closed. The registered manager is always on call for me and the person who receives the service". The registered manager told us they were on call when the office was closed and when the service increases its service users the deputy manager will also be part of the on call system.

The registered manager carried out spot checks and audits to ensure the service was meeting the appropriate quality expectations. Other methods to collect service user feedback such as questionnaires had not yet been sent out as the service had operated for less than a year. The registered manager confirmed questionnaires would be sent out and showed us the systems in place for this.

We found that the registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law. The care staff we spoke with told us they were able to visit the office whenever needed and made to feel welcome. The registered manager was contactable anytime of the day even during their evening calls