

Lily Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lily Health Care Limited is a domiciliary care service providing personal care to people who live in their own homes. The service is registered to support people with a variety of needs including people who live with dementia, people with physical disabilities, older people, people with a learning disability and autistic people. At the time of the inspection the service was supporting 12 people. Some people were supported by care staff who lived in at people's homes and provided 24 hour support to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Staff supported people with their medicines, however records needed improving to ensure they were accurate and completed in full without any gaps. Risks to people were not always assessed and those in place required more detail with actions for staff to follow. People were supported by a consistent staff team who knew them well and understood their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff promoted equality and diversity. They understood people's cultural needs and provided culturally appropriate care.

Right Culture:

The provider needed to implement effective systems and processes to monitor the quality of the service and to drive improvement. Audits in place were not always effective in identifying shortfalls.

The provider had not always submitted notifiable incidents in accordance with their legal responsibilities. Immediate action was taken to address this shortfall.

People and those important to them, were involved in planning their care. The registered manager was open and transparent throughout our inspection and demonstrated a commitment to delivering improvements and achieving best outcomes for people. They were receptive to our feedback and took action to address the shortfalls we found.

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

Rating at last inspection and update. The last rating for the service was good (published 07 December 2016).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led key question sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lily health care limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the management of risk and how the provider monitors the service provided.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lily Health Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector and an Expert by Experience who undertook telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lily Health care limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 09 November 2023 and ended on 16 November 2023. We visited the location's office on 09 and 13 November 2023. Telephone calls were undertaken to people and their relatives on 08 November and 16 November 2023

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 2 relatives to gain their feedback about their experiences of using the service. We spoke with 5 staff which included care staff, deputy manager and the registered manager who is also the provider. We reviewed and sampled a range of documents and records including the care and medicine records for 4 people, and 3 staff recruitment files. We also looked at records related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had not always been individually assessed and managed effectively.
- Risk assessments were not always in place to guide staff on how to undertake some healthcare tasks such as using a suctioning machine and when supporting people with Percutaneous endoscopic gastrostomy (Peg). This meant although staff were trained in these areas, they did not always have clear guidance to follow.
- Risk assessments did not always contain detailed information about people's risks. For example, where risks were identified in relation to pressure relief, the actions staff should take to minimise these risks were not always detailed to provide staff with the guidance they needed to monitor and respond to concerns.
- We found risk assessments of people's home environment had not been completed to assess any potential risks to both people and staff during the delivering of care provided.
- Accident and incidents had not always been recorded since our last inspection to demonstrate what action had been taken to reduce risks for people, and to analyse for any patterns and trends.

The provider had not ensured effective systems were in place to assess and manage risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediate action was taken by the registered manager to start to address the above shortfalls during and following our inspection.

Staffing and recruitment

- The provider did not always operate safe recruitment processes
- Although recruitment checks were undertaken to ensure staff were suitable to work with people, we found gaps in employment records in all the files we reviewed. These were immediately addressed by the registered manager.
- Where staff had commenced employment and shadowing experienced staff before the return of their Disclosure and Barring Service (DBS) check, a risk assessment had not been undertaken to record how any risks had been reduced. This was immediately addressed by the registered manager.
- Staff confirmed and records showed staff had received training for their role. However, some staff had not received training in relation to some of the medical conditions of the people they supported. For example, spinal injury, and stroke. The registered manager advised this would be addressed.

- The provider was registered to provide services to people with learning disabilities and autistic people, however staff had not yet received training in these areas. The registered manager confirmed this training would be provided before they supported anyone in this population group.
- The provider ensured there were sufficient members of staff available to support people.

Using medicines safely

- People were supported to receive their medicines. However, improvements were required with the records.
- The medication records were returned to the office monthly to be reviewed. We found gaps in 1 person's records, which had not been explored, and handwritten medication records had not always been signed by the staff member. This was immediately addressed by the registered manager.
- People and their relatives confirmed staff gave them their medicines when they needed them. One relative said, "The staff see to [person] medication and keep it safe. If something is different or wrong, they say so and get me to call the G.P."
- Staff confirmed and records showed training and competency assessments had been completed before staff administered medication.

Learning lessons when things go wrong

- The provider did not always have the systems in place to learn lessons when things went wrong.
- Although the registered manager told us what they had done in relation to some accidents and incidents that had occurred, records were not in place to demonstrate this.
- Action was taken by the registered manager to address this, and some lessons learnt were recorded for day 2 of our site visit. This showed what initial action had been taken in relation to incidents and learning for staff which was shared with them in meetings. For example, learning when staff did not seek medical support for a person following an accident.
- The registered manager advised they had learnt many lessons from this inspection in respect of the records that needed to be in place.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Since our last inspection there had been safeguarding incidents that had occurred. The registered manager had taken the required action in relation to these incidents to safeguard people and to report these concerns to the funding authority.
- People and their relative's told us they felt safe when being supported by staff. One person said, "I feel very safe with them, I get to know them". A relative told us, "The staff are kind and caring [relative] feels safe with them".
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "I would report any concerns straight to the manager."

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

people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA.
- People and relatives confirmed staff always sought their consent. A person said, "They ask me every time, they never take anything for granted, they check what I would like them to do each time." Another person told us, "We have a routine, but they still say, shall we do this or that."
- Staff confirmed they had completed MCA training as part of their induction and records confirmed this. Staff had a basic understanding of the MCA and how this related to seeking consent before supporting people.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- A relative told us staff wore protective personal equipment (PPE) such as gloves and aprons when needed to prevent the spread of infections such as Covid-19. This was in accordance with government guidelines.
- Staff confirmed and records showed they had completed infection control training as part of their induction.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a fully supported management structure. The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- The provider did not have effective systems in place to monitor the delivery of the service. Late and missed calls were not recorded, and there were no systems to monitor when staff arrived and left their care calls.
- Although some audits were in place these were not robust to identify the shortfalls we found. For example, audits completed on the medication records did not identify the gaps and the lack of signatures on the medicine records, and controlled drug balance sheet.
- Audits of daily records did not identify incidents that had occurred which had not been reported. For example, where people had coughed whilst being supported to eat.
- Effective systems were not in place to audit recruitment records to ensure they contained all the required information before a staff member commenced employment.
- Care records and risk assessments were not always accurate with people's current needs and person centred to guide staff when providing support.
- The registered manager was not always aware of the need to promptly inform CQC of any notifiable incidents in accordance with their legal responsibilities.

The provider did not have effective systems and processes to ensure effective oversight of the service was maintained. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People and staff were not always involved in the running of the service.
- Detailed rotas were not always in place to share with each person and their relatives so they knew the name of the staff member that would be providing their care.
- The registered manager told us they visited people regularly to discuss their care package and some of the people we spoke with confirmed this. However, records of these visits were not recorded to detail these, or the discussion and feedback shared.
- People and relatives spoke positively about their contact with the registered manager. A person told us, "The manager comes out every 6 weeks or so to see if everything is what I need and if any changes are

required. They do unexpected visits /surprise visits to check up on them [staff]." A relative said, "The office keep in touch and I speak to them quite a lot, if I need them I call them, they always have time to listen."

- Surveys had previously been sent out to people in 2021 and positive comments were received. Since this time courtesy calls were undertaken to gain feedback from people and their loved ones on a regular basis. Overall comments about the care provided were positive.
- Staff told us they felt supported in their role and found the registered manager to be approachable. A staff member said, "I feel supported and valued, the manager is approachable and easy to talk to."

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

- There was a positive and open culture at the service.
- People and relatives, we spoke with were complimentary about the service provided. A person told us, "They are absolutely brilliant, I would never change the carers its brilliant. Everything gets written down every day. I have developed such a good relationship with them built on trust and understanding." A relative said, "To be honest with you every single carer from Lily healthcare have been amazing especially with personal care."
- Staff we spoke with told us how they enjoyed their role and in ensuring people received personalised support which met their needs. A staff member told us, "I love my job, and helping people remain in their homes it is very rewarding."
- The registered manager shared with us their passion and commitment to make a difference and for people to receive good quality care in the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with us throughout the inspection and keen to learn and improve. They understood their responsibilities in relation to the duty of candour regulation and told us, "It is about being open and transparent with people and staff. If something goes wrong, we acknowledge the mistake and apologise."
- Feedback from relatives confirmed action was taken when things went wrong. A relative told us, "We had an issue with aspects of [person] care. I raised this with the manager and they apologised and got things sorted straight away."

Continuous learning and improving care

- At our last inspection we found improvements were required to ensure appropriate records were available at the office. For example, people's assessments and care plans. On this inspection we found improvements has been made and records were available for people.
- The management team carried out spot checks on staff to ensure the required care was being provided and standards were being maintained.
- The registered manager was receptive to our feedback and demonstrated their commitment to making any required improvements. For example, addressing employment gaps, and strengthening audits in place.

Working in partnership with others

- The registered manager and staff worked in partnership with various healthcare colleagues, and the local authority, to support people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured effective systems were in place to assess and manage risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to ensure effective oversight of the service was maintained.