Care Quality Commission

Partnerships in Care Limited

Lily Close

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

Overall summary

The inspection was unannounced and took place on 23 July 2015. This was the first inspection since the service changed ownership in September 2014.

Lily Close provides accommodation and support with personal care for up to ten people with a learning disability in three self-contained bungalows. On the day of our visit there were four people using the service and we were told and saw evidence that two other people used the respite service at weekends.

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 told us they felt safe. Staff were aware of the procedure to follow in order to report any allegations of abuse. Medicines were stored, ordered and managed safely. There were risk assessments to safeguard people from harm.

Summary of findings

There were enough staff to meet people's needs. Recruitment procedures were followed to ensure that only staff that were suitable were employed. Staff were supported by annual appraisals and training. However team meetings and supervisions were inconsistent.

We observed that people were treated with dignity and respect. People spoke fondly of staff and referred to them by name. Staff were aware of people's preferences and gave each person one to one attention at various intervals during the day. People were supported to participate in activities of their choice and to maintain contact with their family and friends.

There was a complaints procedure in a pictorial format that was understood by people who used the service.

People's records reflected their current needs, goals and aspirations. Care plans were person centred with risks and support plans in a pictorial format that could easily be understood by people using the service.

People were lawfully deprived of their liberty when it was in their best interests to do so. Staff were knowledgeable about the Mental Capacity Act 2005. They had attended training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were systems to monitor the quality of care delivered and to ensure that feedback from people and their relatives was sought and acted upon. Staff thought the registered manager was approachable. However we found that at times the registered manager was not able to complete appraisals and supervision in a timely manner as they were usually rostered to work as part of the daily staffing leaving little time to complete relevant paperwork. We have made a recommendation about motivating staff and allocating resources to ensure sufficient protected time is available to carry out managerial duties.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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?

Good

The service was safe. People told us they felt safe and secure at Lily Close. There were procedures to manage medicines and protect people from abuse.

People told us there were enough staff to support them and we reviewed rotas that confirmed this. There were robust recruitment procedures to ensure that suitable staff were employed to meet people's needs. Risk assessments were completed in order to minimise the risk of preventable harm.

Is the service effective?

Good

The service was effective. People were supported to access health services such as GPs and district nurses when required and were encouraged to eat a balanced diet. We saw that two people had been supported to adhere to a healthy eating diet and a more active lifestyle in order to improve their health and wellbeing.

Staff demonstrated knowledge of how they applied the Mental Capacity Act (MCA) (2005) in a care home setting. Staff were aware of the procedures to lawfully deprive people of their liberty when it was in their best interests.

Staff had received regular supervision but this was not always recorded. Only three staff had had an appraisal in the last year. However the registered manager had a plan to complete them before the end of the year.

Is the service caring?

Good

The service was caring. People told us that staff treated them with dignity and respect. We observed staff interact with people and respond to their needs in a timely and considerate manner.

Staff were aware of the need to ensure that people were treated equally without any discrimination. They demonstrated how they respected people's individual, cultural, religious and personal preferences.

People had access to information about activities, how to make a complaint, meals and advocacy services. People's privacy and personal space was respected and promoted.

Is the service responsive?

Good

The service was responsive. There was a complaints procedure which was known by staff and available in a format that people could understand.

Care plans were individualised and support plans were pictorial detailing people's preferences and needs. Health action plans were in place and updated regularly to reflect people's needs.

Summary of findings

People were encouraged to maintain contact with their families and were encouraged to do activities that interested them in the community. Most activities were one-to-one and chosen by the individual.

Is the service well-led?

Requires improvement

The service was not always well led. There were systems to ensure that the quality of care delivered was monitored. Although the registered manager was very hands on, the current systems to monitor record keeping, appraisals and supervision were not effective as the registered manager did not currently have enough administration support and enough time within the rota to enable them to complete the necessary paperwork.

People and their relatives told us that they could approach the registered manager at any time without the fear that it may impact on care delivered.

Lily Close

Detailed findings

Background to this inspection

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

The unannounced inspection was completed by two inspectors and an expert by experience and took place on 23 July 2015. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information from safeguarding notifications and checked the registration status. We also contacted the local authority and the Havering Healthwatch to find out information about the service.

We spoke with four people who used the service and reviewed seven questionnaires completed by relatives. We observed people during lunch and throughout our inspection. We spoke to four staff, the registered manager and the regional manager. We reviewed four staff files, three care plans, and the daily handover logs. We also reviewed records relating to food temperature checks, daily cleaning schedules, analysis of incidents and certificates and risk assessments related to the health and safety of the environment.

Good

Is the service safe?

Our findings

People told us they felt safe. One person when asked if they felt safe said, “Yea of course, staff are fine, lovely people.” Another person, who was slightly more limited in speech when asked the same question said ”yes” with a big smile. We also asked them if they liked the staff and were they caring and they again replied ”yes” with a big smile.

People were protected from harm because appropriate steps had been taken to ensure that all staff were aware of how to recognise and report abuse. Staff had attended appropriate training and knew where to locate the safeguarding policy. Staff told us they would document any allegations of abuse on the report to the registered manager who would in turn report to the local authority, the Care Quality Commission and the police if required. Staff were aware of the whistleblowing policy and told us they would not hesitate to inform the manager if they witnessed or had any concerns about the quality of care delivered. Staff had an understanding of potential abuse and where to report it which helped make sure that people were protected from the risk harm.

Risk assessments were completed in order to protect people from avoidable harm and reduce the likelihood of recurrence. For example, staff showed us the kitchen which was always kept locked because one person was not safe in the kitchen as they would touch the hot kettle. Another person would overeat if the kitchen door was kept open. We found risk assessments that confirmed these behaviours and how to handle them in people’s care records we reviewed and that other people could access the kitchen when required with the support of staff. Risk assessments had clear guidance to be taken in response to the presented risk. For example a person who needed blood sugar monitoring several times a day did not want their personal space encroached, so staff knew to approach them from the side during the procedure in order to minimise the risk of the person reacting aggressively to proximity and pain during the procedure.

We reviewed staff rotas and saw that staffing was adjusted to suit the needs of people who used the service. Recently two-to-one support had been introduced for a person who presented with behaviours that challenged. We observed that staff rotated offering one-to-one support in order to maximise the level of support they could give. Staff thought they could do with more staff on some shifts. On the day of our visit we saw that there were sufficient staff to support the needs of people who used the service. People were given one to one time and went out to the shops or to visit relatives at separate times. Staff thought that sometimes staffing levels could not be predicted as people may decide on the day to be taken out. We spoke to the registered manager about it and they showed us how adjustments were always made to ensure people’s needs were met. There was always enough staff on duty who have the right mix of skills to make sure that practice was safe and they can respond to unforeseen events.

Staff were aware of the procedure to follow in the event of a medical emergency or a fire. They were able to show us the fire exits and explain the evacuation procedure which was also highlighted in the main corridor. There were procedures in place to deal with foreseeable emergencies and keep people safe and secure.

Medicines were managed safely. We found that medicines were stored in a locked cupboard. Only staff who had been assessed as competent were allowed to administer medicines. Other medicines such as insulin were administered by the district nurses. We reviewed medicine administration records and found no discrepancies. Staff were aware of the procedure to order and receive and dispose of medicine. People were supported to take their medicines in a safe and consistent manner.

There were robust recruitment procedures in place to ensure that suitable staff were employed to support people who used the service. We reviewed staff files and found that necessary checks including verifiable references, qualifications and disclosure and barring checks (checks to ensure staff were safe to work in health and social care) were completed before staff started to work. Health checks were also completed to ensure that staff were well enough to work at the service. Appropriate procedures had been followed to safeguard people from the risk of being cared by unsuitable staff.

Good

Is the service effective?

Our findings

People told us that they were happy with the meals provided. One person said, "I can have anything I want, anytime." Another person said, "I like the food here, garlic bread's my favourite."

We observed that people were given choices of what to eat and chose where they wanted to eat. People were supported where possible to prepare meals such as making their own toast. People were able to indicate whether they would like a drink or snack outside of regular meal times and these were provided for them. Menus reflected people's choices and preferences. They were varied, pictorial and planned with people on a weekly basis. People were supported to choose and eat a balanced diet.

People were supported to maintain a healthy lifestyle. We looked at care records and photographs and saw that two people had managed to maintain a healthy life style since they moved to Lily Close. They had successfully signed up to healthy eating programmes and had lost weight in the process. Weight was monitored regularly at the local GP practice and if required any referrals were made to the dietitian. We saw evidence that people visited their GP and dentist as required. For people who were not comfortable going out, home visits were arranged. Annual health checks were completed in order to monitor people's health.

Staff told us that before they delivered care they asked people for their consent. We observed staff ask people and wait for a reply before helping them do tasks such as cleaning their room and before procedures such as checking blood glucose levels. Staff understood the Mental Capacity Act (MCA) (2005) and this was discussed with staff at induction. People's capacity to consent to care or treatment was assessed and recorded. Best interests decisions were made when people were assessed to lack capacity to make certain decisions and these were recorded. We also saw that Deprivation of Liberty Safeguards (DoLs) were sought when it was necessary in order to lawfully deprive people of their liberty. The registered manager was aware of when to apply for a DoLs authorisation and we saw appropriate documentation in people's files we reviewed.

People were supported by staff who were knowledgeable and able to support people appropriately. Staff we spoke with had relevant qualifications and experience in health and social care. Staff could explain the signs and symptoms they would look out for and the treatment they would give to people living at the service with conditions such as epilepsy and diabetes. We looked at care plans and found that staff had described how they would manage these conditions in line with best practice guidance that had been recommended by the healthcare professionals. Staff told us they had an induction when they first started which included shadowing when they began to work for the service and we saw evidence that this took place in the staff files we reviewed. Staff had attended regular training including but not limited to safeguarding, challenging behaviour, managing epilepsy and basic first aid. People were supported by staff who had up to date knowledge about how to support people effectively .

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person said, "[Staff] is very good. They are all kind to me." Another person said staff were "nice." We observed that staff were always kind and took time to understand what people were trying to say to them. They responded in a prompt manner when people called for their attention. People were supported by staff who demonstrated a keen awareness to understand and respond to their needs in a compassionate manner.

Staff told us that they used their own initiative and expressed passion to see improved outcomes for all the people living at Lily Close. One staff member said, "We have [staff] here with very good hearts. We use our own initiative and our hearts are in the right place." Another staff member told us they commuted a long distance to work at Lily Close, because "I love my work here so much". Staff could recognise the different tones of voice of a person who could not always express himself verbally and we saw them interact with him and help him verbalise as much as he could by prompting and speaking slowly. We also saw staff encouraging someone who used a mobility aid to do as much as they could by themself.

People were treated with dignity and respect. We saw that staff knocked on people's doors and waited for an answer before entering people's rooms. People's personal space and privacy was respected. Staff addressed people by their preferred name and told us that although they encouraged people to come out to communal areas they also respected people's wishes to stay in their rooms when they chose to do so. Staff understood people's needs and described in detail how they respected each person's wishes. People were cared for by staff who promoted their dignity and respected their wishes.

People's cultural needs were met including dietary and religious preferences. One person had a link worker who could speak the person's native language. We were told and saw that staff got African take away meals for this person and made every effort to give them culturally specific food they liked.

The service had access to an advocacy group, which they liaised with when there were decisions to be made regarding the delivery of care, or other areas where an independent view of people's best interests were considered. For example we saw documentation that an advocate had been involved in the decision making process for someone to go on holiday. The service had followed good practice guidelines to ensure that people were not made to do something that was not in their best interests.

We saw staff respond to people in a timely manner. Staff took a person who had requested to buy new towels shopping. The service had a car, so people could be taken by staff wherever they liked. We also saw that one-to-one time was given to everyone even for outdoor trips. For example three people went out on the day of our visit and they all went out at separate times with a staff member in response to their request to go out. People were supported to live an active life according to their preference.

Good

Is the service responsive?

Our findings

People received personalised care and support. Care plans and support plans clearly described what staff needed to do to make sure personalised care was provided. We saw that people were assessed before admission and reassessed regularly. Behaviour charts were completed in order to monitor any triggers for behaviours that challenged, these were sent to be analysed by relevant health care professionals in order to establish the best way to manage behaviours that challenged. Health action plans and support plans were in pictorial format and person centred and clearly outlined people's likes, dislikes, hopes and aspirations. We saw evidence that people's quality of life had improved since they moved into the service. For example a person did not want to go out or eat in communal areas but was now able to go out and participate in activities and come out to communal areas. Care plans were focussed upon the person's whole life, including their abilities and how they prefer to manage their health.

People, and those who matter to them, were involved in developing their care and support plans. Staff told us they spoke with family members to get a fuller picture of people's needs. One staff said, "Parents tell us a lot about people when relatives tell you things it sticks." Staff made an effort to make sure people were empowered and included in this process made sure that the views of the person receiving the care were respected and acted on. People maintained contact with their relatives and visited them regularly. On the day of our visit one person went to visit their relative and we saw that this visit occurred every Thursday. Another person told us, "I am going home Sunday." Another person was supported to go and buy a birthday card for their sibling. People were supported to remain in contact with family members.

People were empowered to make choices and have as much control and independence as possible. Staff told us and people confirmed that they chose their own clothes on daily basis and had also chosen how to decorate their rooms. A person had access to their own computer and a drum kit they liked to play which they accessed whenever they wanted. Another person chose to stay in their room sometimes listening to music. One person said, "Staff are very helpful. They take me out and let me chose what I want to do." We observed and saw staff give people opportunities to choose what they wanted to do and where they wanted to go throughout the duration of our visit.

People were supported to pursue their personal interests. One person said, "I go swimming three times a week. I go to bed what time I like." Another person said, "I like the cinema, I like the Lion King." We reviewed records and spoke with staff to confirm that people were enabled to engage in activities that interested them. Staff said, "We go out to Southend a lot and we sometimes go to Hainault Park." Staff were aware of people's needs in when accessing the community and could demonstrate to us the mechanisms they had in place to effectively support people on public transportation or in public places.

People were reviewed by other health care professionals such as psychiatrists when their health condition deteriorated. Family members were always informed and involved in all health reviews. Staff were aware of people's needs and quickly noticed any changes in mood or behaviour and always tried to identify the triggers of these behaviours so as to reduce them. Three out of four people appeared to live a life that was centred on their needs and these needs were understood by staff. For one person whose changes in behaviour had recently escalated it was evident that the family and healthcare professionals had been involved and that close monitoring was occurring in order to establish and manage the cause of the sudden change in behaviour. We found that advice from other healthcare professionals had been sought and acted upon. Behavioural monitoring and ongoing liaison with a psychiatrist and the family was currently occurring in order to establish a cause and support the person to manage the behaviours.

There was a complaints procedure which was known by people and staff and available in a format that people could understand. One person when asked who they would speak to if they were upset or worried about anything, said "I would talk to the carers." Another person said if they were not happy they would "talk to the manager". 'We looked through and found that complaints were logged and dealt with according the service's policy. People's complaints were listened and responded to in a timely manner.

Requires improvement

Is the service well-led?

Our findings

People knew the registered manager by name and responded with smiles and positive comments. One person said, “I know her, she’s fine.” Staff told us the registered manager was very visible and helpful. One staff member said “The manager is genuinely loving and caring towards people. She will jump in hands on whenever she’s needed.

However we found shortfalls in the current systems in place to monitor records, appraisals, supervision and rotas. Some aspects of people’s records were not up to date. For example some risk assessments had no dated reviews for over a year. We also saw that there were inconsistent support systems in place relating to the frequency of supervision and staff meetings. Staff felt that more team meetings and supervisions in addition to the daily contact with the registered manager and communication book would help staff morale. In addition due to temporary changes to the needs of people who used the service the rota was currently coming out two weeks in advance and this was impacting on staff work life balance. There were ineffective support systems in place to the ensure that people were cared for by staff who were supported by means of regular supervision and enabled to maintain up to date records

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had changed ownership in September 2014. Some staff thought the change of provider had at times left some things unclear and left staff not knowing what is right or wrong. A staff member felt frustrated that “staff suggestions are never listened to; there is no forum for staff ideas to be looked at and worked on”. Staff meetings were not very regular. However the registered manager was on site from Monday to Friday and worked with staff on a daily basis.We saw that there was documented communication during the change of ownership in the only set of minutes that was made available to us. We **recommend** that the service seeks support and training, for the management, about motivation and team building.

The service had a registered manager in place. The manager was aware that they needed to notify us of any safeguarding concerns, deaths or any incidents that affected the operation of the service. There were systems in place to ensure that satisfaction questionnaires were sent out to people and their relatives in order to improve the service. We saw that feedback was acted upon in order to improve people’s life. For example a relative had requested for a person’s chair to be changed and we saw that this had been done. People’s feedback was sought and action was taken to address any concerns raised.

The service was part of a chain of care homes and hospitals and had clear vision and values and reporting structures in place. Staff were aware of how the values applied in their daily job. Staff were aware of their roles and responsibilities and told us there was always senior support available out of hours to assist them with any concerns or emergencies. Policies were reviewed and updated regularly and were also available in a format that could be understood by people who used the service. There were systems in place to ensure that staff understood their roles and were able to implement the services values and vision in practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not effectively operated and had not picked up that supervisions were not being completed regularly and that staff felt that morale was low. Records were not always accurate. In particular risk assessments were not always dated or reviewed regularly. Regulation 17.(1)(2) (a) (c)