

Lilyrose Care Group Limited

# Lilyrose Care Group Ltd - Cheshire/Derbyshire

## Inspection report






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## Ratings

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

# Summary of findings

## Overall summary

### About the service:

Lilyrose Care Group is a domiciliary care agency which supports people in their own homes. At the time of our inspection 14 people were in receipt of the regulated activity 'personal care'.

### People's experience of using this service:

We found three breaches of regulation at this inspection in relation to recruitment, consent to care and governance.

People and their relatives raised issues about some inconsistencies between office staff and care staff, however they felt the service they received from care staff was good. People told us that staff were kind and friendly and knew them well.

We have made a recommendation about medication records. Care records were not always updated to reflect changes made to people's medication. There was no written guidance for staff about the administration of medication prescribed to people to be taken when required.

Recruitment was not consistently managed safely. The necessary checks were not completed prior to staff starting work. The provider had found some of these issues prior to our inspection and had taken corrective action to address this.

The registered provider was not acting within the principles of the Mental Capacity Act 2005. Where necessary, the provider had not recorded that people's capacity was assessed, or that decisions were taken and recorded in people's best interests looking at the least restrictive options.

Care plans contained some detail and information to assist staff in meeting people's needs. However, these had not been regularly updated and the information contained at the office did not always match the care plans in people's homes. Records in general were disorganised. Care records had not always been updated to reflect changes in people's needs. Staff were aware of the changes via weekly email updates and care was provided by the same group of carers, so the impact on people was reduced. The provider had identified this issue prior to our inspection and was taking steps to improve records.

There was no manager in place at the time of our inspection. The systems in place to monitor the quality and safety of the service and make improvements were not always effective. They failed to identify issues we found in this inspection. The provider did not maintain a record of checks they carried out on the service. There was no evidence to show that the provider had oversight of the service as there were no quality assurance systems in place for the provider to monitor and improve the service. The systems in place at the service had not been followed recently and this had led to documentation being out of date or procedures not being followed by staff. Some documentation could not be located that was requested. Following the inspection, the provider confirmed management arrangements and sent an action plan of how and when

they intend to make the required improvements.

Staff received an induction when they started work and received ongoing training. Staff felt supported, but they were not provided with supervisions in line with the providers procedure. We made a recommendation about supervision.

People and their relatives felt the care was safe. People received visits at the times they requested, and they knew which staff would be attending their homes. Staff stayed with people for the correct amount of time and met all their needs in a timely way. Staff had access to personal protective equipment and followed good practice to reduce the risk of the spread of infection.

People were treated with dignity and their privacy and independence was respected. Staff were clear of their responsibilities to maintain people's confidentiality.

People's healthcare needs were effectively assessed and monitored. The service worked with other healthcare professionals to assist people to maintain their health and wellbeing.

People knew how to complain and stated they had no complaints at present.

More information is in the full report below.

Rating at last inspection: Good (Report published 4 April 2018). This is the first time the service has been rated requires improvement.

Why we inspected: This inspection was brought forward due to concerns that had been raised with us.

Enforcement: We have asked the provider to send an action plan of how they will address the breaches in regulation. Full details are at the back of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive 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** ●

# Lilyrose Care Group Ltd - Cheshire/Derbyshire

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one adult social care inspector and an assistant inspector on the first day and one adult social care inspector on the second day.

#### Service and service type:

This service is a domiciliary care agency. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care; help with tasks relating to personal hygiene and eating.

There was no registered manager at the time of our inspection. A manager registered with the Care Quality Commission and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 2 April 2019 and ended on 3 April 2019. We visited the office location on 2 April 2019 to see the provider and office staff; and to review care records and policies and procedures and we made phone calls to people in their homes and visited one person at their home. On 3 April 2019, we visited two people at their homes and returned to the office to review further information.

What we did:

Before the inspection, we looked at information we have received in relation to the service. We looked at any information the provider sent us in relation to the service. We also requested feedback from the local authority. We used this information to help us plan how our inspection should be carried out.

During the inspection, we spoke with four people, five relatives and seven members of staff. This included the provider, the care co-ordinator and five members of the care team. We visited three people in their homes. We looked at three people's care plans, three staff files, medicine administration processes, complaints and other records relevant to the quality monitoring 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

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. Regulations may or may not have been met.

### Staffing and recruitment

- Recruitment was not always safely managed. Pre-employment checks had not always been completed prior to staff starting work including DBS checks. The provider had now acted to address this.

This demonstrates a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff told us that there were sufficient staff to safely meet people's needs. People also told us they had the same group of carers and knew in advance which staff were visiting them.

- Staff told us they were allocated travelling time in between visits and had sufficient time with people to safely meet their needs. People's comments included, "They [staff] are very good and generally come on time. They always stay the right amount of time and my medication is always on time. I feel safe with them," "They are very good about coming on time and we get the rota in advance, so we know who is coming. It has calmed down, it was chopping and changing a lot before."

- Staff recorded visit arrival and departure times in people's daily notes, and they were audited each month. Feedback from people and their relatives was that generally staff arrived at people's homes on time and stayed for the full duration of their contracted visit.

- Staffing and dependency was regularly reviewed by the care co-ordinators and additional visits were only accepted if there were sufficient staff available to safely meet people's needs.

### Assessing risk, safety monitoring and management

- Risks to people were identified and measures put in place to minimise identified risk. However, risk management plans for some people had not been updated and lacked specific guidance about how to support the person to stay safe.

- People received care from a consistent group of carers. Staff were knowledgeable about risks to people and were updated on any risks or changes through a weekly update email, which reduced the impact on people.

- Environmental risks were identified so staff were aware of any potential hazards when supporting people in their homes.

- There was a business continuity plan to advise staff in the event of an emergency on how to safely maintain the service. Staff had fire training so knew what action to take in an emergency. There were clear procedures about entering and leaving people's homes safely and staff wore identity badges.

#### Using medicines safely

- Staff administering medication were trained and underwent regular checks on their competence to ensure they knew how to administer medication safely.

- Audits were completed to monitor medicine procedures. Senior staff had always addressed gaps in Medicine Administration Records (MARs) with care staff. The provider was aware of this and had plans in place to increase the capacity of office staff to address this.

- MARs were monitored to ensure they contained the correct information and were properly completed. However, medication care plans had not been reviewed or updated. Staff had been updated of changes through weekly email updates and the MARs, so impact to people had been minimised.

- Where people were prescribed medication when required (PRN), there was no written guidance for staff for administering them. However, at the time of the inspection everyone receiving this medication were able to tell staff when they needed it.

We recommend the provider considers good practice guidelines in relation to the maintenance of medication records.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the provider's safeguarding policies and procedures and they knew of their responsibilities for protecting people from the risk of abuse. They described what constituted harm and what action they would take if they became aware of any incidents of concern. People told us they felt safe and comfortable with the carers.

- There were no records of any recent safeguarding incidents within the service, however there was a system in place for recording and reviewing such incidents.

#### Preventing and controlling infection

- Staff received training in the prevention and control of infection and they followed good practice guidance.

- Staff were provided with enough personal protective equipment.

#### Learning lessons when things go wrong

- There was a process in place for recording accidents and incidents and analysing them for any patterns of trends. However, we saw that this had not been followed recently. We saw incidents had been recorded in people's homes and appropriate action had been taken. However, the opportunity for learning lessons had been missed as this was not currently being collated and analysed in the office. The provider assured us they would address this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

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. In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

- People told us staff offered them choice daily and asked for their consent prior to providing any care and support. Where people had capacity, they had signed their care plan to consent to the care provided.
- People's capacity to consent had not been assessed in line with the providers policy. Two care files indicated the person lacked capacity. There were no records in place to evidence that people's capacity to consent to their care and support had been assessed, and where appropriate the necessary representatives were involved in making decisions in the person's best interests.
- A tick box used on care plans was completed to indicate whether the person did or did not have capacity to make their own decisions. This was not decision specific and there was no record of how people's ability to consent had been assessed.

This demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff received an induction when starting with the service. The induction process was aligned to the principles of the Care Certificate, which is nationally recognised induction process.
- Staff received ongoing training relevant to people's needs and their job role. Training in some areas needed to be updated, however there were plans in place to address this.
- Records relating to supervision were inconsistent. Staff told us that they felt supported in their roles and some supervisions had taken place. However, frequency of supervisions had not taken place or recorded in line with the providers supervision policy. The provider had identified this as an area for improvement prior to the inspection and had put plans in place to increase senior staff capacity to improve this.

We recommend the provider follows their policy in relation to supervision of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff with their meals in their own homes and some care plans recorded their preferences.
- People's care plans identified where they could make their own meals, or where they had family support with this.
- Staff had information about the support people required with eating and drinking and they maintained records of people's food and fluid intake. People's comments included, "They [staff] always offer me a drink" and "They [staff] prepare my meals, but I always have a choice".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs and choices were assessed prior to them receiving a service and this formed the basis of their care plan.
- Staff were aware of people's needs and received weekly updates. However, where people's needs had changed, documentation had not always been updated to reflect the changes. The provider was aware of this and acted to address it. People's comments included, "They [staff] always do things how I ask them to", and "The carers know [relative's] routine better than me".

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with local district nurses, GPs and other health professionals in meeting people's healthcare needs. Discussions between professionals were recorded on the office database and any changes to people's health or wellbeing were communicated through weekly email updates, or via encrypted telephone messages.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them kindly and with respect. Comments included, "They are very good, and I couldn't have my relative at home if it wasn't for them," "They are respectful and kind and will say nice words" and "They are very friendly and kind. We talk about all sorts of things."

- Staff were clear on respecting people's privacy and confidentiality. They knew not discuss people's confidential information to protect their privacy.

- People were supported to retain as much independence as possible and care plans provided detail of what assistance people needed to maintain their independence.

- People's personal information was kept confidentially in the service's offices and electronically.

Ensuring people are well treated and supported; equality and diversity

- People felt they were treated with care and kindness. People told us, "The staff are always very polite," "I feel very comfortable with them and very, very good, you can trust them" and "I am well looked after."

- Relatives told us that people received good care and felt staff knew their loved ones. They told us, "The staff always seem polite and respectful."

- People's needs were assessed and identified prior to moving into the home. Protected characteristics, such as age, gender, disability, cultural and religious support needs were identified. People were asked if they had a preference in terms of the gender of staff providing their care and support and their religion was recorded.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care and given choice daily. One person told us, "They always ask before they do things" and "I decide what I want."

- Staff were familiar with people's individual needs and felt they had time to get to know individuals' preferences.

- Information about advocacy services was made available to people who did not have any family or friends to represent them.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained some personalised information about people's needs and how they preferred them to be met as well as their history and preferences. One person told us, staff had spoken to them about their care plan when they first received a service, but this had not been reviewed. People felt they received care that responded to their needs and staff knew their needs, but this knowledge was not reflected in the care plans. There were examples where care plans contained conflicting information and had not been updated to reflect a change in people's needs.

- There was different information contained in care plans held at people's homes and the office and in general, it was disorganised. The plans in people's homes contained more detail. Several care plans had not been reviewed or updated when changes occurred. For instance, someone had recently received a health diagnosis. Staff were aware of this and the MARs had been amended to reflect the change in medication, but the care plan did not contain any details about this. This had been identified by the provider's quality assurance processes and plans were in place to address this.

- Accessible Information Standard had been considered as people's communication needs were highlighted in care plans and people's preferred method of communication was recorded. For instance, some people preferred emails rather than phone calls.

Improving care quality in response to complaints or concerns

- There was a complaints policy contained in the customer guide. People told us they had no complaints but knew who to speak to if necessary.

- The service had not recorded any complaints in the last 12 months.

End of life care and support

- There was no-one receiving end of life care at the time of the inspection.

- People had the opportunity to discuss and record any advance decisions about care at the end of their lives. For instance, 'Do not attempt Resuscitation' (DNAR) orders were recorded in the peoples' care file and the DNAR order was easily visible.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met. Continuous learning and improving care

- Quality assurance systems and processes were not always effective to ensure the care was safe, effective and responsive to people's needs. They failed to identify improvements needed to care records.
- The provider's policies and procedures had not been followed in relation to Mental Capacity Act, accidents and incidents and the recruitment and supervision of staff. A number of the provider's policies and procedures had not been reviewed since 2017.
- The required audits had not been consistently completed on daily records and medication. There were no quality assurance systems recorded at the provider level, therefore they had no overview of the quality and safety of the service and where improvements were required.
- Record keeping in general was inconsistent. Documents were not always available that we requested. Paperwork, for instance care plans had not been reviewed regularly and were not always updated where changes had occurred.

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

- Since the inspection, the provider sent us confirmation of the management arrangements for the service. Following the inspection, the provider sent us an action plan setting out how and when the required improvements will be made.
- The provider acknowledged that there had been shortfalls in the service recently and was committed to improving the service. They were receptive to feedback and took steps to act upon this.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was no manager in place at the time of our inspection and there had been no registered manager in place since July 2018.
- We received positive feedback from staff about the current senior staff supporting them. Staff felt able to raise concerns and felt well supported. Comments included, "Amazing company to work for and I really love my team" and "Team is much better at the moment".

- There was a positive relationship between the provider and senior staff and they demonstrated that they were committed to improving the service.

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

- The service had undergone some recent changes, however staff felt positive about the culture in the service and felt able to raise any concerns.

- The provider was clear about their responsibilities. They were aware of the need to submit notifications about certain events that may happen within the service. The previous ratings were displayed on both the website and in the office.

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

- The provider sent surveys to people and their relatives as a way of obtaining their feedback about the service and their ideas for improvement. The response to the most recent surveys was low. Some of the feedback provided had been acted on, however the provider had not updated people on how their feedback had been used.

- Staff meetings were held, and staff felt that changes were communicated well via the weekly email updates. Spot checks were completed on staff to monitor their performance and check care was being delivered safely.

Working in partnership with others

- The service worked in partnership with other health professionals to ensure people's support needs were met.

- When referrals to other services were needed, we saw that these referrals were made in a timely way.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider was not acting within the principles of the Mental Capacity Act 2005. Where necessary, the provider had not recorded that people's capacity was assessed, or that decisions were taken and recorded in people's best interests looking at the least restrictive options.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes in place had not been effective at monitoring and improving the quality and safety of the service. There were not robust systems in place at the provider level to detect shortfalls in the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Appropriate recruitment checks had not been completed on staff prior to their employment.</p>