

Lilyrose Care Group Limited

# Lilyrose Care Group Ltd - Cheshire/Derbyshire

## Inspection report

6 Market Street  
Disley  
Stockport  
Cheshire  
SK12 2AA

Tel: 01663308232

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 22 and 23 February, 2018 and was announced.

Lilyrose Care Group Ltd is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of the inspection the registered provider was providing support to 27 people.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection the registered provider was recruiting into the role of registered manager.

The registered provider ensured there was a number of different systems and processes in place to assess and monitor the quality and standard of the care being provided. People were receiving safe, compassionate and effective care and expressed that the provision of care was of a good standard.

During the inspection we reviewed care plans and risk assessments which were in place. Records were well maintained, contained up to date and relevant information and were regularly reviewed. Staff expressed that records enabled them to provide the level of support which was required and risks were always assessed, monitored, safely managed and communicated amongst the staff team.

Care plans were individually tailored and a 'person centred' approach to care was evident throughout the records we reviewed. People expressed that staff were familiar with their support needs and always provided care and support in a respectful and dignified way.

We reviewed medication management systems during the inspection. People had the relevant medication care plan in place which included detailed information in relation to medication administration times, medical history and the level of support required. There was a medication consent form which had been signed by each person who was being supported and staff had received the necessary medication training.

We reviewed the registered providers recruitment processes. All staff who were working for the registered provider had suitable references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables the registered manager to assess level of suitability for working with vulnerable adults.

Staff expressed how they were fully supported in their roles. Staff received regular supervisions and annual appraisals. Training was regularly provided as well as specialist training being offered to help support with learning and development.

Accidents and incidents were being routinely recorded and monitored. The registered manager ensured that accidents/incidents were being assessed and trends were being established. An 'incident progress' template had been devised and was updated accordingly.

We reviewed health and safety policies and procedures that the registered provider had in place. There was a health and safety policy that staff were complying with, staff were provided with personal protective equipment (PPE) and they were aware of the different health and safety risk assessments people had in place to support their health and well-being.

The day to day support needs of people was well managed by the registered provider. We saw evidence of appropriate referrals taking place, correspondence between external healthcare professionals as well as the necessary risk management tools being used to monitor people's health and well-being.

The registered provider had suitable quality assurance audits, checks and assessments in place. Such measures ensured that people were receiving a safe level of care and support in relation to their support needs. Such audits, checks and assessments included 'spot checks', medication and care plan audits, 'client review meetings', 'client surveys' and environmental checks.

During the inspection we saw evidence of the different quality assurance systems which had been devised by the registered provider. Quality assurance tools ensured that the quality, standard and provision of care was being monitored, assessed and improved up on.

Policies and procedures were reviewed during the inspection. They contained relevant, up to date information and were available to all staff as and when they needed them. Staff were familiar with the area of 'safeguarding' and 'whistleblowing' procedures. Staff knew how to report any concerns and had completed the necessary safeguarding training.

The registered manager was aware of their responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. Statutory notifications were being appropriately submitted in a timely manner.

## 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.

Care plans and risk assessment were regularly reviewed and contained up to date and relevant information.

Accident and incidents were recorded and monitored.

Infection prevention control measures were in place and being complied with by staff.

Safe recruitment processes were in place.

### Is the service effective?

Good ●

The service was effective.

Principles of the Mental Capacity Act, 2005 were being followed accordingly.

Staff were supported in their roles and supervision and appraisals were routinely taking place

Staff received regular training which supported their learning and development.

People's dietary, nutritional and hydration needs were supported.

### Is the service caring?

Good ●

The service was caring.

The staff provided kind, compassionate and caring support.

People expressed that they were treated with dignity and respect

The registered provider ensured that there was a 'Dignity champion' in place.

Confidential and sensitive information was well protected.

### **Is the service responsive?**

The service was responsive.

Care records contained person centred information and were tailored to the individual.

People expressed that staff were responsive to their needs.

There was a formal complaints process in place.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Audits and checks were being routinely completed.

Quality assurance systems were suitably in place and helped to monitor and assess the provision and quality of care being provided.

Staff had a good understanding of whistleblowing and safeguarding procedures.

**Good** ●

# Lilyrose Care Group Ltd - Cheshire/Derbyshire

## **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 inspection took place on 22 and 23 February, 2018 and was announced.

The provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector and an 'Expert by Experience. 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 visit we reviewed the information which was held on Lilyrose Care Group Ltd. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, six people who were being supported, one

relative and four members of staff.

We also spent time reviewing specific records and documents, including four care records of people who were receiving support, five staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents, health and safety records, a range of different policies and procedures and other documentation relating to the overall management of the service.

## Is the service safe?

### Our findings

We received positive comments about the level of safe care and support which was provided by people and relatives we spoke with during the inspection. Comments included "It's a very good service, they [staff] are very kind and helpful" and "They [staff] sort my bedroom out, make my meals and cups of tea, they are wonderful." One relative expressed "They [staff] are all nice people, they make my [relative] laugh."

We reviewed four care plans during the inspection. All care plans contained tailored information in relation to the level of support which each person required. Each person had a 'My life, my choice, my way' care plan in place. This contained detailed information about the person's day to day activities, scheduled support days/times, care and support which was required, equipment support, food and drink support and health conditions. The level of information which the care plan contained enabled the staff to provide the appropriate amount of support which was needed. For example, one care plan we reviewed stated '[Person] has difficulty walking, can feel frustrated at times', 'Monitor [person] skin integrity' and 'Staff to encourage [person] to get up and move around.' This meant that people were receiving a safe level of care which was individually tailored to their support needs.

Risk assessments were reviewed and we found that the appropriate assessments and tools were in place according to the person's levels of support need. Each record contained information about the person's general health and well-being, mobility, mental health status, nutrition and hydration, skin integrity and continence support needed. Other assessments and tools we reviewed included safer handling risk assessments, fluid charts, body maps and equipment assessments. The level of risk had been identified, risks had been assessed and support methods had been put in place to mitigate risk.

Care plans and risk assessments were regularly reviewed and updated. Staff expressed that records contained the most up to date information and risks were identified and safely monitored. During the inspection we reviewed a number of care plan updates which had been required and how these were communicated with the staff team. For example, we found evidence of an e-mail which has been circulated to the staff team in relation to one person who was being supported. The information was in relation to personal care which was being provided and risks which needed to be managed. This meant that records were always relevant and staff were always familiar with the support needs of each person.

Medication management processes were reviewed during the inspection. Each person had a medication care plan and medication consent form in place. The care plan contained a detailed amount of information in relation to medication support which was required, a schedule of medication administration times, medication being prescribed and 'outcomes' for the person receiving medication support.

Staff received the necessary medication training and medication competency assessments were also being routinely completed. Medication administration records (MARs) were appropriately completed by staff. Staff expressed that they were suitably trained to support and administer medication and they were familiar with the medication policy that the registered provider had in place. The medication policy contained important information such as a glossary of terms, storage and disposal of medication, administration, infection

prevention control measures, medication observations sheets and medication error incident forms.

'Medication error incident forms' needed to be completed by staff when a medication error became apparent. The registered manager was notified of a medication error in a timely manner, risks were managed and the appropriate actions were followed. The registered manager explained that monthly medication audits were completed and any errors which were identified were then discussed with staff members involved.

We reviewed recruitment practices the registered provider had in place. We review the area of 'recruitment' to ensure that the staff who are recruited are suitable to work with vulnerable people. Five personnel files were reviewed and we found them to be comprehensive and well maintained. Records included application forms complete with employment history, interview process for each person; suitable references, identification, terms and conditions, job specification as well as the appropriate Disclosure and Barring Service (DBS) checks. DBS checks are checks which are completed by registered providers to ensure that staff who are employed are suitable to support vulnerable people within health and social care settings.

The registered provider had suitable accident and incident processes in place. Accidents and incidents were reported and recorded on the appropriate 'incident' reporting form. Accidents/incidents were then recorded on to a 'incident progress' sheet. This enabled the registered manager to identify the date the incident occurred, nature of the incident, person involved and the outcome/actions taken. The processes which were in place enabled the registered manager to safely manage any trends and ensured that risks were being safely managed.

Individual environmental risk assessments were in place for each person who was being supported. Risk assessments identified potential hazards which needed to be managed outside and within the person's home. For example, one environmental risk assessments identified that the 'slope from the car park can be slippery in wet weather conditions.' This meant that all potential hazards had been assessed and staff were familiar with the different risks which needed to be mitigated when providing support.

We reviewed whether the registered provider employed a sufficient number of staff to provide the level of support people needed. People and relatives we spoke with during the inspection expressed that staffing levels were safe and support was always provided as and when it was scheduled to take place.

We asked the registered manager about individual personal emergency evacuation plans (PEEPs) in the event of an emergency evacuation, however these had not been devised. PEEP information ensures that there are safe evacuation plans in place in the event of an emergency situation. Following on from the inspection, the registered manager provided us with PEEP information which had been developed for people who were being supported.

Infection prevention control procedures were reviewed during this inspection. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections. We reviewed what measures the registered provider had in place to ensure that people were protected from infections. There was an infection control policy in place, staff were provided with personal protective equipment (PPE) and all staff were aware of the different health and safety measures which needed to be complied with as a method of infection prevention.

'Safeguarding' and 'whistleblowing' procedures were discussed with staff who we spoke with during the inspection. Staff were able to explain their understanding of 'safeguarding' and how and why they would raise any concerns as well as their understanding. 'whistleblowing'. Staff explained that this was in relation

to raising concerns regarding inappropriate practice. There was an up to date adult safeguarding and whistleblowing policy in place and staff had received the necessary training in relation to the protection of vulnerable adults.

## Is the service effective?

### Our findings

People and relatives we spoke with during the inspection said the care being provided was effective. Comments we received included "I feel confident the staff know what they are doing", "They [staff] certainly know what they are doing", and "They [staff] always tell me what they are going to do and ask if it's ok." One relative we spoke with expressed "I was impressed how quickly the agency got the District Nurse out to [relative]."

During the inspection we reviewed whether or not the registered provider was complying with the Mental Capacity Act (2005). The Mental Capacity Act 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.

There was evidence throughout the care files we reviewed which demonstrated that 'consent' had been sought from each person receiving care. This meant that the registered provider was complying with the principles of the MCA and ensuring that people were involved in the decisions being made in relation to their support needs. Where legally able to do so family members were involved in 'Best Interest' decisions in relation to the care and support which was being provided.

Staff expressed that they felt supported by the registered manager, that they were able to carry out their roles in an effective and safe way and received regular supervisions and annual appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Comments we received from staff included "Yes, I receive supervisions and they're (managers) always on top of training, there's lots of it", "There's always lots of support when we need it" and "It's a great company to work for, if there's any issues there's always someone to support you."

Staff who did not have the relevant health and social care qualifications were expected to complete a 'care group' induction workbook. This contained all the fundamental standards set out in the 'Care Certificate'. The 'care certificate' was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers.

The care group work book contained e-learning and 'in-house' training which needed to be completed such as moving and handling, safe medication management, health and safety, Mental Capacity and Deprivation of Liberty Safeguards (DoLS), safe hoist and sling use, food safety and infection control. Other specialist training which staff had completed included catheter care (incontinence support) percutaneous endoscopic gastrostomy (PEG, feeding tube which supports a person to eat and drink) and 'React to Red' (wound care). One staff member expressed "ooh yes, we do a lot of training and if we need more we just ask for it."

Communication systems were reviewed during the Inspection. Staff expressed that there were different

levels of communication in place which meant they were always updated. Daily records were updated during each visit, team meetings regularly took place, weekly 'memos' were circulated which provided staff with any significant updates of the people who were being supported and there was evidence of external e-mail correspondence. We reviewed correspondence from district nurses, occupational therapists and family members. One staff member expressed "Care plans always reflect the support that's needed, we all communicate really well and we're always told to look out for any changes, we feedback what we need to."

During the inspection we saw evidence in care files of the necessary correspondence and referrals to external healthcare professionals. For example, in one care record we saw evidence of support being provided by district nurses, occupational therapist and specialist health workers. This meant the people were receiving holistic level of safe care and support which could help with their overall quality of life. Necessary guidance was being followed and the relevant care plan and risk assessment updates were taking place. For example, one care record indicated that an external healthcare professional had made changes to medicated cream which was being administered. The relevant changes had been made to the medication administration records as well as the medication care plan.

People were supported with their nutrition and hydration support needs. There was a nutrition and hydration care plan in place which highlighted any specific allergies, dietary needs as well as the person's preferences, likes and dislikes. For example, in one nutrition and hydration care plan it stated '[Person] loves cheese, tender meat and fruit' and in another it stated '[Person] loves fruit.' One person we spoke with expressed "My carer always give me choices of what I would like to eat."

## Is the service caring?

### Our findings

We received positive comments from the people and relatives we spoke with during the inspection about the care which was provided. Comments we received from people who were being supported included "The staff are very kind to me", and "They're [staff] wonderful." One relative expressed "The girls [staff] are very caring and efficient."

Staff received regular and consistent updates in relation to the people's health and well-being. Staff were familiar with the support needs of the people they were supporting and people expressed that staff provided the care and support which was required. People felt the staff who were providing the care did so in a considerate and respectful manner.

Staff expressed how they provided dignified and respectful care. Comments we received included "We're always polite and caring, we always ask consent when providing care, talk to them [people receiving care] and talk them through the procedures, there's constant communication" and "We always talk to the client, we cover them up when we need to, make sure they're ok, we keep their dignity when providing care. If the client doesn't want to do anything, it's their choice, it's about them." One person expressed "I'm always treated with respect and dignity when they give me a shower."

The registered provider ensured there was a dedicated 'Dignity Champion' in place. This meant that there was a dedicated staff member who was the point of contact in relation to the area of 'dignity' and ensured that all staff understood the importance of providing dignified care. We observed a visible 'Dignity Champion' poster on the staff training room at the registered address we visited, this highlighted who the dignity champion was and how dignity should be respected. The registered address is the address which has been registered with the CQC.

The registered provider ensured that the quality and standard of care was regularly being reviewed and assessed. 'Spot Checks' were randomly completed on all staff who were providing care. The 'Spot check' template focused on staff punctuality, appearance, politeness and consideration, respect and ability/skill set of staff.

'Client Reviews' also took place twice per year. People who were receiving support were asked about their experiences of the care being provided. People were asked about their views and opinions on service which was being provided, if they were treated with dignity and respect, aspects of their care plan, staff approach and any improvements which were needed.

For people who did not have any family or friends to represent them, contact details for a local advocacy service were provided from the outset. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we reviewed how confidential information was stored and protected. All sensitive information was safely secured at the registered address. This meant that all sensitive and confidential

information was being protected and not being unnecessarily shared with others.

A 'Customer Guide' was provided to each person who was receiving support from the registered provider. 'Your life, your choice, your way' guide provided accessible information to people who were receiving support. The guide contained information about the registered providers commitment to provide high quality care, staff who provided the support, company information (contact and address details) experience and skill set of staff, health and safety information, complaints processes and advocacy information. People were also asked from the outset how they would prefer to receive correspondence from the registered provider. People had the option to receive information via letter, telephone or e-mails.

## Is the service responsive?

### Our findings

People and relatives we spoke with throughout the course of the inspection informed us that staff provided a responsive level of care and support which was needed. Comments we received included "They [staff] visit four times a day, that's really good for me", "I get three visits a day, morning, teatime and at night, its brilliant" and "I think the staff know me quite well." One relative commented "They [staff] understand [relatives] sense of humour, [relative] likes that."

Records we reviewed were person centred and tailored to the person. The level of Information which was recorded provided staff with a good level of detail in relation to the care which was required. All staff explained that they completed 'shadow' shifts as part of their induction, they were introduced to the person before any support was provided and they would familiarise themselves with care plans and risk assessments before providing care.

'My life, my choice, my way' care plan contained a detailed amount of information which supported staff in the delivery of care being provided. Care plans we reviewed stated '[Person] enjoys music, listening to the radio, likes to get up around 8am or 9am and going for meal', 'Likes soft meals, yoghurts, lemon tart and puddings with custard' and 'Before [person] became ill [person] enjoyed playing bowls, going on holiday and going to the pub with friends.'

Care records demonstrated how staff were responsive to people's varying levels of support needs. For example in one care record we reviewed it stated 'Encourage [person] to get up and move around' and in another it stated '[Person] wants to be able to make decisions when needed'. This meant that the care being provided was individually tailored and staff approached care in a way that people wanted and preferred.

The registered provider had a formal complaints policy in place. The procedure for making a complaint was clear and people and relatives we spoke with were familiar with the process. One person commented "If I had a complaint, I'd ring up the office." At the time of the inspection there were no complaints being responded to.

We asked the registered provider if 'End of Life' care was being provided to people they were supporting. We were informed that there was nobody being supported with 'End of Life' care at the time of the inspection. End of Life' care is provided in a specialist way to people who are at the end stages of life. Following the inspection the registered manager enrolled a number of staff on 'End of Life' care training which would enhance their knowledge, skills and understanding of end of life support.

## Is the service well-led?

### Our findings

People and relatives we spoke with were complimentary about the registered provider and registered manager. Comments we received included "It's very good, excellent", "Happy with all aspects of care", "It couldn't be better, a great organisation, more than happy."

There was a registered manager at the time of the inspection. The registered manager had been registered with the Care Quality Commission (CQC) since September, 2016. The registered manager was aware of their responsibilities in relation to their regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the provider's website.

During the inspection we found the registered manager to be approachable and responsive to any feedback we provided. Staff also expressed that they felt thoroughly supported by the management team, comments we received included "[Manager] is very approachable", "We're [staff] listened to and responded to" and "There's an open door policy, management are very open, we all work really well as a team." We also reviewed some of the comments from the most recent staff survey which had been completed, these included 'I feel encouraged that my efforts and dedication is recognised', 'I believe we deliver an excellent service', 'Great company to work for, I feel a valued member of staff' and 'Good team working, friendly staff, good work ethic, approachable management and lovely service users.'

The registered provider had a variety of different audits, tools and quality assurance checks in place to monitor and assess the quality and standard of care being provided. Different measures which were in place included 'service user' file audits, monthly medication audits, 'spot checks' during scheduled visits, monthly communication log audits, medication competency assessment forms, client review meetings, incident trackers and client and staff surveys. As well as the different measures which were in place, we also saw evidence of how improvements were identified and how these were followed up on. For example, one monthly audit we reviewed identified that one staff member had not recorded the times of their visit on the daily log sheet. The registered manager recorded that they had arranged an 'informal' meeting with the staff member to discuss what had been identified and the importance of completing documentation correctly.

'Client Surveys' which had recently been circulated were reviewed during the inspection. The registered provider explored different aspects of the quality and standard of care being provided. People and relatives were encouraged to provide feedback as a way to highlight the positive areas of care as well as the areas of care which needed to be improved. 32 surveys were circulated and 24 were returned. 24 out of 24 people confirmed that the staff 'always' provided care in a kind and caring manner, 23 out of 24 people confirmed that staff 'always' provided care in a respectful and dignified manner and 23 out of 24 people confirmed that

they 'always' trusted the staff who were providing the care. Comments that were also reviewed as part of the feedback included 'staff are good', 'They're [staff] always cheerful and generally friendly', 'They're [staff] always kind and listen', 'Always pleasant and respectful' and 'I feel as though I am not alone.'

We reviewed how the registered manager responded to some of the areas of development which had been identified from the surveys. Comments we reviewed included 'communication needed to be improved', 'staff to pay less attention to their mobile phones' and 'people to be informed of any policy changes.' We saw evidence of a letter which had been circulated to people who were being supported. This outlined the areas of improvement which had been identified and how these areas were being addressed. Analysis and actions from the surveys were also discussed as part of the staff team meeting. This meant that there was a consistent approach to monitoring the delivery of care being provided as well as ensuring that areas of improvement were being highlighted and addressed.

Staff expressed that regular staff meetings took place. One staff member expressed "Team meetings take place regularly, they're really useful, any issues are brought up here." Team meeting discussions included policies and procedures, recruitment levels, health and safety, professional boundaries, communication, audits, medication procedures and issues highlighted from audits/checks which had been completed.

Weekly 'client' updates were circulated to the full staff team as a measure of supporting effective communication but to also ensure that staff were informed of any significant changes which they needed to be aware of. Weekly updates included a variety of different themes such as new care packages, medication, reviews which had taken place with external professionals, GP contact, referrals, environmental concerns, hospital admissions and general health and well-being.

We reviewed the range of different policies and procedures which were in place at the time of the inspection. All policies were up to date and contained relevant guidance and information. Staff were also familiar with different policies we discussed with them such as infection prevention control, equality, complaints, confidentiality, supervision, safeguarding and whistleblowing.

The registered provider had an up to date 'Business Continuity Plan' (BCP) in place. This is a plan which has been devised to help ensure that processes are in place in the event of an emergency situation. The BCP contained information and guidance which could be followed in the event of different emergency situations.